



**COMPENSATION CLAIM FORM FOR PERSON INJURED/ DEATH CAUSED
BY WILDLIFE
(TO BE FILLED IN DUPLICATE)**

STATION _____

PART I DEATH

1. NAME DECEASED : _____
(FIRST) (MIDDLE) (LAST)
2. ID/No _____
3. ADDRESS _____ POST CODE _____
4. TEL NO. _____
5. SEX
 Male FEMALE
6. AGE _____
7. NAME OF NEXT OF KIN: _____ ID NO: _____
8. RELATIONSHIP TO DECEASED _____
- SIGNATURE: _____

PART II INJURY

1. NAME OF INJURED : _____
(FIRST) (MIDDLE) (LAST)
2. ID/No _____
3. ADDRESS _____ POST CODE _____
4. EMAIL ADDRESS (OPTIONAL)-----
5. TELEPHONE NO.-----
6. SEX
 Male FEMALE
7. AGE _____
8. NAME OF NEXT OF KIN: _____ ID NO: _____
9. TELEPHONE NO.-----
10. RELATIONSHIP TO INJURED _____
11. SIGNATURE: _____

PART III PLACE OF RESIDENCE

1. ADDRESS _____ POST CODE _____
2. SUB-LOCATION: _____
3. ASSISTANT CHIEF: _____
4. LOCATION: _____
5. CHIEF: _____
6. DIVISION: _____
7. DISTRICT: _____

PART IV OCCUPATION

1. EMPLOYERS NAME: _____
2. IF SELF EMPLOYED NATURE OF BUSINESS: _____
3. SALARY / WAGE/ INCOME PER YEAR: _____

PART VI PARTICULARS OF DEATH / INJURY

1. PLACE OF DEATH/ INJURY _____
(Location) _____ (GPS coordinates)

(Park/ Reserve Name)

2. DATE _____ TIME _____

CIRCUMSTANCES OF DEATH/ INJURY

3. ANIMAL RESPONSIBLE FOR DEATH/ PERMANENT INJURY

1. POLICE STATION/ POST _____



COMMENT FROM O.C.S/ O.C.P.D

NAME _____

DESIGNATION _____

SIGNATURE _____ **DATE** _____

2. MEDICAL OFFICER OF HEALTH

COMMENT FROM OFFICER OF HEALTH

NAME _____

DESIGNATION _____

SIGNATURE _____ **DATE** _____

3. COMMENTS BY DISTRICT WARDEN

COMMENT FROM DISTRICT WARDEN

NAME _____

DESIGNATION _____

SIGNATURE _____ **DATE** _____



PART VII DISTRICT WILDLIFE COMPENSATION COMMITTEE (D.W.C.C.)

1. APPROVED FOR COMPENSATION

2. DEFERED/ REJECTED_____

Reasons_____

CHAIRMAN: _____

SECRETARY _____

PART VIII

1. REMARKS BY DIRECTOR KENYA WILDLIFE SERVICE

SIGNATURE_____ DATE_____

2. REMARKS BY THE PERMANENT SECRETARY

SIGNATURE_____ **DATE**_____