

## FILING A CLAIM AGAINST THE CITY OF YUMA

Claims against the City of Yuma will be thoroughly investigated to determine whether and to what extent, if any, the City of Yuma may be liable. Please understand City of Yuma employees cannot provide advice, legal assistance or recommendations regarding your claim against the City of Yuma. Providing you this information should in no way be construed as the City of Yuma accepting any liability or responsibility.

Claims for damages against a public entity or public employee must comply with the applicable state statute A.R.S. §12-821, et seq. and City Code §38-16, be under oath and served upon the City Clerk within 180 days after the occurrence, event or transaction from which the damages allegedly arose. A claim shall contain facts sufficient to permit the City of Yuma to understand the basis upon which liability is claimed. A claim shall include a specific amount for which the claim can be settled and must include the facts supporting that amount.

This form is for your convenience and is not required to file a claim against the City of Yuma. If you choose to use this form, complete all sections. The City of Yuma assumes no liability with regards to the use of this form and the City of Yuma does not waive any of its rights or defenses pursuant to Arizona law. A claim submitted without the information required by the applicable state statute A.R.S. §12-821, et seq. and City Code §38-16 may be deemed denied.

Claims for damages to or for loss or destruction of property must be signed by the owner of the property. Claims are usually processed within 45 days after receipt by the City of Yuma. Claims should be as detailed and accurate as possible to expedite the investigation process. Please be aware that you are responsible to minimize any loss, to protect property from further damage and to preserve potentially relevant evidence. Should you contact your insurance company to repair damages you may provide this information to your insurance company.

In support of a claim for **Vehicle Damage** which has been or can be economically repaired, the claimant should submit photos of the damage being claimed and claimant may submit one (1) estimate of repair from one (1) of the following locations:

Dick's Auto Rebuilders 201 W. 24<sup>th</sup> Street Yuma, Arizona 85364 (928)344-2692 Tom's Paint & Body LLC 490 W. 7<sup>th</sup> Street Yuma, Arizona 85364 (928)343-1417 Bill Alexander Ford 801 East 32nd Street, Yuma, Arizona 85365 (928) 344-2200

In support of a claim for **Other Property Damage** which has been or can be economically repaired, the claimant should submit photos of the damage being claimed and one (1) estimate of repair or final billing of repair. If the Other Property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the incident.

In support of a claim for **Personal Injury** the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of treatment, attaching itemized bills for medical hospital expenses incurred. If the injured party is a Medicare recipient a claim must include the injured party's Medicare Health Insurance Claim Number (HICN).

In order that subrogation claims may be adjudicated, it is essential that the claimant provide **Insurance Information** for the **Vehicle** or **Other Property** that is being claimed as damaged.

CLAIM FOR DAMAGE	AD THE IN	FORMATION ON THE REVERSE SID	E	RESERVED FOR CITY OF YUMA USE:	
OK INJUK I		ULLY – A CLAIMANT MUST PROVIDE ALL			
		ATION AND DOCUMENTATION REQUIRED		_	
1. CLAIMANT INFORMATION:			ACT PHONE NUMBER(S):		_
NAME:		Номе:			
Address:		CELL:			-
CITY, STATE, ZIP:		OTHER:			-
3. TYPE OF CLAIM:					
OTHER PROPERTY DAMAGE – ARE YOU OWNER OF THE PROPERTY? YES NO					
PERSONAL INJURY – ARE YOU A MEDICARE RECIPIENT? YES NO IF YES, HICN#					
4 D 0 Th 4	/T/D		ENT / INCIDENT INFORMATION		( Para - 1/2
4. DATE & TIME OF ACCIDENT	INCIDENT / DAMAGE	5. ADI	DRESS/LOCATION OF INCIDENT / DAMA	GE:	6. Police/Sheriff Report #:
7. PROPERTY OR EQUIPMENT INVOLVED. DESCRIPTION OF DAMAGE TO VEHICLE(S) / OTHER PROPERTY / EQUIPMENT INVOLVED:					
8. THOROUGHLY DESCRIBE THE ACCIDENT/PROPERTY DAMAGE AND THE CONDITIONS THAT CAUSED THE ACCIDENT/DAMAGES AND DESCRIBE THE FACTS UPON WHICH YOU BELIEVE THE CITY IS LIABLE FOR THE DAMAGE YOU CLAIM:					
		AMOU	INT OF CLAIM (IN DOLLARS)		
9 AMOUNT OF DAMACES CLAR	MED.		MANT MUST ATTACH DOCUMENTA	TION OF	AMOUNT DEING CLAIMED
9. AMOUNT OF DAMAGES CLAIR	MED:	CLAII	MANT MUST ATTACH DOCUMENTA	TION OF	AMOUNT BEING CLAIMED
VEHICLE INFORMATION					
		7	EHICLE INFORMATION		
10. Name, address and phoni	NUMBER OF VEHICL		VEHICLE INFORMATION  IF CLAIMANT IS NOT THE OWNER:		
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