



TENNESSEE

JIM STRICKLAND
MAYOR

CITY ATTORNEY

Claims and Risk Management

CITY OF MEMPHIS CLAIMS DEPARTMENT

CLAIM FILING PROCEDURES

Please follow all instructions below to satisfy the requirements of the City Claims Department.

1. Complete the attached City of Memphis Claims Department Claim Form and please write legibly. Complete all required fields on the form and indicate where information is unknown (UNK) or not applicable (N/A). If additional space is required for any of the sections, please attach additional sheet(s) to the back of the form. Failure to complete the form in its entirety will delay the claim's progress.
2. Sign and date the claim form on the back at the bottom of the form. The claim will not be accepted without a proper signature.
3. Attach the following required documents with the claim form:
 - A copy of a state-issued ID (ex. Driver's license) for an individual OR a W-9 form for a business or company
 - Two legitimate estimates of damages or receipts of damage repairs for property damage/loss claims
 - Unaltered copies of all medical bills or other related expenses for bodily injury claims
 - Copy of police report or indicate the police report number on the claim form (*if available*)
 - Photographs of damages (*if available*)
 - Statements from witness(es) (*if available*)
 - Any other documents that will support the claim
4. Return the claim form with all supporting documents to the address indicated below as soon as possible.

Your cooperation and immediate attention to this matter are greatly appreciated. It takes time to properly input, distribute, investigate, evaluate and prepare a written response to your claim. We appreciate your patience with this process. The City Claims Department will contact you upon the completion of your claim's investigation. If there are questions, please contact the City Claims Department. Please be advised ANY PROPOSED SETTLEMENT OFFERS ARE SUBJECT TO APPROVAL BY CITY OF MEMPHIS MANAGEMENT. This sheet should not to be construed as an acceptance or denial of your claim.

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IMPORTANT INFORMATION FOR THOSE FILING CLAIMS FOR POTHOLE DAMAGE

Please read the following information if you are filing a pothole claim. If you are not filing a pothole claim, please disregard.

Please be advised that the fact that you hit a pothole in and of itself does not make the City of Memphis automatically responsible for any damages. Rather, those claims are governed by Tennessee State law, particularly The Governmental Tort Claims Act, T.C.A. 29-20-101, et seq. The provision of that statute that is applicable here is section 29-20-203. That section reads as follows:

§ 29-20-203. Highways, streets and sidewalks; unsafe conditions

- (a) Immunity from suit of a governmental entity is removed for any injury caused by a defective, unsafe, or dangerous condition of any street, alley, sidewalk or highway, owned and controlled by such governmental entity. "Street" or "highway" includes traffic control devices thereon.
- (b) This section shall not apply unless constructive and/or actual notice to the governmental entity of such condition be alleged and proved in addition to the procedural notice required

What this means is that for the City to be responsible to pay any damages for pothole claims, the City must be shown to have had notice of the pothole (i.e. known that the pothole was in the street) prior to it causing damage to your vehicle. The City also must have had a reasonable time in which to repair the pothole after receiving notice. That time is typically five (5) business days from the time the City obtains notice of the pothole.

In investigating your claim, the Claims Office sends inquiries to the City's Emergency Management Agency, Mayor's Citizen Service Center, 311 and Street Maintenance Department. These entities are responsible for collecting reports of dangerous road conditions. If the City did not find out about this pothole until after you hit it or the 5-day period mentioned above had not expired when you hit it, under the law cited above, the City will not pay your claim.

Please contact us if you have any questions or concerns.

CITY OF MEMPHIS Claims Department Claim Form

Return to: City Claims Dept., 170 N. Main St., 5th Floor, Memphis, TN 38103 (Fax: 901-636-6605)

CLAIMANT'S INFORMATION

***Claimant's Full Name (Individual or Business):** *(If individual, please indicate first, middle and last names)*

_____ or _____
First Name Middle Name Last Name Name of Business or Company

***Mailing Address:** _____
Address City State Zip Code

***Home Phone #:** _____ **Cellphone #:** _____ **Work Phone #:** _____

E-mail Address: _____ ***Driver's License or State Issued ID #:** _____

*****Only complete the following fields if you are claiming bodily injury. If you are claiming such, your SSN and DOB are required in order for your claim to be processed. Failure to do so will result in the denial of your claim. Your information will be kept secured.**

*****Social Security Number** _____ *****Date of Birth** _____

***Are you presently, or have you ever been, enrolled in Medicare Part A or B or Medicaid?** Yes No

ACCIDENT INFORMATION

***Date of Accident:** _____ ***Day of Week** _____ ***Time** _____
Month Day Year (e.g. Monday) A.M. P.M.
(*Please check one)

***Exact Address or Location of Accident (Be specific):** _____ ***Closest Cross/Intersecting Street:** _____

***Type of Loss (Please check one):** Property Damage/Loss Bodily Injury
***What is the Total Dollar Amount of your claim?** \$ _____

***Facts of Claim (Describe in detail the nature of your claim):**

***Description of Damage/Loss (Describe in detail the extent of your loss, damages or injuries):**

***Was the Ambulance called to the scene of your accident?** Yes No

***Did you go to the hospital or receive any medical treatment due to this accident?** Yes No

***Were the Police Notified?** Yes No

Police Report #: _____ **Other Incident Report #(s):** _____
(e.g. Mayor Citizen Service Center Request #)

Party Charged:

- City Employee
- Claimant
- Other
- None

Charges Made: _____

***Required Field**

Driver of Claimant's Vehicle (If not claimant)
Name: _____
Address: _____
Phone: _____

Owner of Claimant's Vehicle (If not claimant)
Name: _____
Address: _____
Phone: _____

Vehicle Year/Make/Model/Color: _____
License Plate #: _____
VIN: _____

***Was your vehicle towed?**
 Yes
 No

If Yes, Please enter tow information:
Tow Ticket #: _____
Date Arrived: _____
Date Removed: _____

***Is your vehicle insured?**
 Yes
 No

If Yes, with which company? _____

***Did you file a claim through your insurance company?**
 Yes
 No

If Yes, Please enter the following:
Name of Insurance Company: _____
Insurance Claim #: _____
Insurance Policy #: _____

***Did your accident involve a City vehicle?**
 Yes
 No

If Yes, Please enter any helpful information about the City vehicle:

***Did your accident involve a City employee?**
 Yes
 No

If Yes, Please enter any helpful information about the City employee:

Please enter Passenger information below (if any):

(1) Passenger's Name: _____
DOB: _____
Phone: _____
Address: _____
Injuries: _____
Hospital: _____

(2) Passenger's Name: _____
DOB: _____
Phone: _____
Address: _____
Injuries: _____
Hospital: _____

Please indicate any additional passengers here: _____

Please enter Witness information below (if any):

(1) Witness Name: _____
Phone: _____
Address: _____

(2) Witness Name: _____
Phone: _____
Address: _____

By signing this form, you are agreeing to the following terms:

- The acknowledgement of this claim in no way waives the immunity of the City of Memphis, as governed by the TN GTLA, nor is it an admission of liability on behalf of the City of Memphis and/or its employee(s).
- *The filing of false claims may result in the denial of your claim.*

I affirm that I have read and understand the above-mentioned statements in regards to filing a claim against the City of Memphis.

***Signature of Claimant or Representative**

*** Date**

Assigned Claims Analyst _____

***Required Field**

Contact Number _____