

# CLAIMS AGAINST THE CITY OF CHANDLER

## For Damages to Persons or Personal Property



**All sections of the form should be completed in its entirety.** When necessary, please use additional paper for each line.

1. Name of Claimant \_\_\_\_\_ Spouse Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

2. If a Minor, Name \_\_\_\_\_ Name of Guardian \_\_\_\_\_

Date of Birth \_\_\_\_\_

3. Address of Claimant \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

4. Occurrence or event from which the claim arises:

a. Date of Loss \_\_\_\_\_ b. Time of Loss \_\_\_\_\_

c. Location of Incident (*exact and specific*) \_\_\_\_\_

d. Specify the particular occurrence, event, act or omission you claim caused the injury or damage.

e. State in what manner you believe the City of Chandler or its employees were at fault.

5. Give the name(s) of any City employees having knowledge of or involved in the incident, (*if auto accident involving a City vehicle, please provide City vehicle description & license plate number, driver name, department*).

6. Describe the injury, property damage, auto damage or loss (include name and address of other person(s) injured).  
a. If there were no injuries, state "no injuries". \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. If claiming injury, are you a Medicaid/Medicare recipient? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Auto damage, please draw a diagram illustrating location and how loss occurred.  
Provide your vehicle information. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

**\*\*ALL PROPERTY DAMAGE CLAIMS MUST BE ACCOMPANIED BY A PHOTOGRAPH AND TWO ESTIMATES\*\***

7. Please state a specific amount for which you will settle your claim. \$ \_\_\_\_\_

Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, receipts, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

8. Name, address, phone numbers of all witnesses, hospitals, doctors, etc.  
\_\_\_\_\_  
\_\_\_\_\_

9. Please provide police report or fire report number if applicable. \_\_\_\_\_

10. Any additional information that might be helpful in considering claim.  
\_\_\_\_\_  
\_\_\_\_\_

**WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.**

(Sec A.R.S. 13-2310 Insurance Code 44-1220)

ALL CLAIMS MUST COMPLY WITH A.R.S § 12-821.01 ET SEQ., AND MUST BE FILED WITHIN 180 DAYS AFTER THE CAUSE OF ACTION ACCRUES.

BY PROVIDING THIS CLAIM FORM, OR ENTERING INTO ANY DISCUSSIONS OR NEGOTIATIONS WITH YOU, THE CITY OF CHANDLER DOES NOT WAIVE ANY OF DEFENSES WHICH MAY BE AVAILABLE PURSUANT TO APPLICABLE LAW. IF YOU ARE UNSURE OF YOUR LEGAL OBLIGATIONS, PLEASE CONSULT A LAWYER.

THIS FORM IS OFFERED BY THE CITY FOR CONVENIENCE PURPOSES ONLY – THE CLAIMANT(S) REMAIN(S) SOLELY RESPONSIBLE TO INSURE COMPLIANCE WITH STATE LAW.

I have read the matters and statements made in the above claim. I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

Claimants Signature \_\_\_\_\_

**NOTE: Claims must be filed within 180 days after the cause of action accrues.**