

CLAIM AGAINST THE CITY OF ROCKY MOUNT

Before completing this form please read the instructions on the back. Untimely claims will be returned. Please submit this form and supporting documentation to the **RISK MANAGER'S OFFICE: 331 S. FRANKLIN ST P.O. BOX 1180, ROCKY MOUNT, NC 27802** in person or by mail.

* = REQUIRED

1. Claimant's Name and Home Address (Please Print Clearly) * _____ _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Telephone <small>Daytime</small></td> <td><small>Evening</small></td> <td><small>Cellular</small></td> </tr> </table>	City	State	Zip	Telephone <small>Daytime</small>	<small>Evening</small>	<small>Cellular</small>	2. Send Official Notices and Correspondence to: _____ _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Telephone <small>Daytime</small></td> <td><small>Evening</small></td> <td><small>Cellular</small></td> </tr> </table>	City	State	Zip	Telephone <small>Daytime</small>	<small>Evening</small>	<small>Cellular</small>
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Telephone <small>Daytime</small>	<small>Evening</small>	<small>Cellular</small>											
3. Date of Birth	4. Reserved	5. Date of Incident *	6. Time of Incident (AM or PM) *										
7. Location of Incident or Accident *		8. Claimant Vehicle License Plate #, Type, Mileage, and Year											

9. Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.
 *

Name, I.D. Number and City Department of City Employee who allegedly caused injury or loss	Type of City Vehicle	Vehicle License Number and Bus or Transit number

10. Description of Claimant's injury, property damage or loss
 *

11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See Instructions)

ITEMS	
*	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL AMOUNT	\$ _____

12. Witnesses (if any) Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____

13.
 *

Signature of Claimant or Representative	Date
Print Name	Relationship to

Do Not Write In This Space

CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (NC GS Section 58-2-161)

INSTRUCTIONS FOR FILING A CLAIM

Failure to complete all sections of the Claim form will delay the processing of your claim
and result in the return or denial of your claim.

- 1. Claimant's Name, Address and Telephone**-State the full name, mailing address, and telephone numbers of the person claiming personal injury, damage or loss.
- 2. Official Notices and Correspondence**-Provide the name, mailing address, and telephone numbers of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.
- 3. Date of Birth**-State claimant's date of birth including month, day, and year.
- 4. Reserved**- *Do not write in this space. Reserved for future use.*
- 5. Date of Incident**-State the exact month, day, and year of the incident giving rise to the claim.
- 6. Time of Incident**-State the exact time, including A.M. or P.M., of the incident giving rise to the claim.
- 7. Location of Incident of Accident**-Include the city and exact street address or intersection where the incident occurred.
- 8. Claimant Vehicle License Plate Number**-Please provide license plate number of vehicle driven by claimant or in which claimant was a passenger. **(THIS IS ONLY REQUIRED FOR CLAIMS INVOLVING MOTOR VEHICLES)**
- 9. Basis of Claim**-State in detail all facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities, property and City departments involved, and why you believe the City is responsible for the alleged injury, property damage or loss. In the appropriate boxes, provide the name, I.D. number and City department and Name of the City employee(s) who allegedly caused the injury or property damage, the type of City vehicle involved (if any), and the license and number of the City vehicle involved (if any). For accidents involving a bus or transport van, please provide the bus line and vehicle number.
- 10. Description of Injury, Property Damage or Loss**-Provide in full detail a description of the injury, property damage or loss that allegedly resulted from the incident. If claimant's vehicle was involved, provide the make, model, mileage, and year. You may attach additional material. **Only the property owner can initiate a claim against the city.**
- 11. Amount of Loss and Method of Computation**-State the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. Please attach copies of all bills, receipts and repair estimates. If the claim involves property damage, please provide two repair estimates.
- 12. Witnesses**-State the names, addresses, and telephone numbers of any persons who witnessed the incident. Attach list of additional names if necessary.
- 13. Signature of Claimant or Representative**-Please sign and date. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant. **Claims involving minors must be signed by a Parent or Guardian.**

Claims for death or injury to persons or damage to personal property must be filed within two years after the incident giving rise to the claim. §28A-18-2. All other claims must be filed within three years.

Personal service of claims can be accomplished during regular business hours, Monday through Friday 8:30 AM to 5:00 PM (excluding City holidays). If you want a time stamped copy of your claim returned to you, please present an original and copy of the claim, and include a self-addressed stamped envelope.

For information on the status of your claim, please call the applicable number listed below:

Risk Manager	252.927.1202
Finance Office	252.972.1200

Please be advised that the City of Rocky Mount may offset against a claim any amounts owed by the claimant to the city.