City of Scottsbluff, Nebraska

Monday, September 21, 2015

Regular Meeting

Item Consent4

Council to acknowledge a liability claim received from Maria Arellano which has been forwarded to the city's insurance carrier.

Staff Contact: Cindy Dickinson, City Clerk

Please forward ASAP to:
LARM
League Association of Risk Management
1335 L Street, Suite 200
Lincoln, NE 68508

Phone: (402) 742-2600
Fax: (402) 476-4089
customerservice@larmpool.org

Liability Loss Notice

MEMBER

MEMBER NAME:	CONTACT NAME:	PHONE:
Scottsbluff	Cindy Dickinson	308.630.6221

LOSS

DATE OF LOSS: 8/25/2015 TIME OF LOSS: 7 pm | DEPARTMENT: transportation

HAS THIS LOSS BEEN PREVIOUSLY REPORTED? ☐ YES ☒ NO | DATE: | TO WHOM:

LOCATION OF ACCIDENT (INCLUDE CITY & STATE):
19th Ave. - Scottsbluff

DESCRIPTION OF ACCIDENT (INCLUDE WEATHER CONDITIONS AND OTHER OBSERVATIONS OR CONTRIBUTING FACTORS):
While riding bicycle, claimant's tire slipped on algae in gutter from rainy conditions.

CLAIMANT NOTIFICATION OF LOSS TO CITY/ VILLAGE:
- ☐ NONE
- ☐ AT TIME OF LOSS
- ☐ ORAL NOTICE OF LOSS TO: _____
- ☒ WRITTEN NOTICE HAS BEEN PROVIDED TO CITY / VILLAGE AS SPECIFIED IN THE POLITICAL SUBDIVISION TORT CLAIMS ACT (NE REV. STAT. § 13-905)

**** ATTACH COPY OF ALL AVAILABLE DOCUMENTS, I.E. POLICE REPORT, ACCIDENT INVESTIGATION REPORTS, CLAIMANT NOTICE.***

CLAIMANT INFORMATION

NAME AND ADDRESS OF CLAIMANT(S):
1: Maria Arellano, 414 East Overland, Scottsbluff, NE 69361
2:
3:

PHONE: 1: 308.631.2782 2: 3:

OTHER PHONE: 1: 2: 3:

* BODILY INJURY LOSS *

DESCRIBE INJURY (IS CLAIMANT A MINOR? ☐ YES ☒ NO) :

WAS MEDICAL TREATMENT PROVIDED? ☒ YES ☐ NO
CLINIC/HOSPITAL: CAPWN Health Center 308.632.2540
PHONE: Wills Chiropractic 308.436.7176

* PROPERTY DAMAGE LOSS *

DESCRIBE DAMAGED PROPERTY:

ESTIMATE OF LOSS: $ _____
CONTACT PERSON TO VIEW DAMAGED PROPERTY:
NAME: _____
PHONE: _____

WITNESSES

NAME & ADDRESS	MEMBER/EMPLOYEE	BUSINESS PHONE	HOME PHONE
	☐ YES ☐ NO		
	☐ YES ☐ NO		

MEMBER COMMENTS / CONCERNS / SPECIAL INSTRUCTIONS (ATTACH A SEPARATE SHEET IF NECESSARY):
Dr. and Rx receipts also attached

REPORTED BY: Cindy Dickinson DATE:

SIGNATURE: Cindy Dickinson MEMBER EMAIL: cdickins@scottsbluff.org DATE: 9/11/15

REV. 2/6/15