

City of Scottsbluff, Nebraska

Monday, November 16, 2015

Regular Meeting

Item Consent2

Acknowledge receipt of a liability claim from Melanie Schanaman which has been submitted to the city's insurance company.

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

Automobile Loss Notice

MEMBER			
MEMBER NAME: SCOTTSBLUFF			
CONTACT NAME: CINDY DICKINSON			PHONE: 308.630.6221
ACCIDENT			
DATE AND TIME OF ACCIDENT: 10/27/15 9:40 PM		AUTHORITIES CONTACTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
HAS THIS ACCIDENT BEEN PREVIOUSLY REPORTED? NO		REPORT NUMBER:	
DESCRIPTION OF ACCIDENT (INCLUDE LOCATION, WEATHER CONDITIONS AND OTHER OBSERVATIONS OR CONTRIBUTING FACTORS): NO ACCIDENT, CLAIMANT RAN OVER DEBRIS IN THE ROAD - SUSPECTED DEBRIS FROM ACCIDENT WHICH OCCURRED EARLIER IN THE EVENING.			
MEMBER VEHICLE			
VEHICLE NUMBER	YEAR, MAKE, MODEL	V.I.N.	
DEPARTMENT & CONTACT NAME			PHONE
DRIVER'S NAME			USED W/ PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
PURPOSE OF USE			EST. \$ AMOUNT OF DAMAGE
WHERE CAN VEHICLE BE SEEN?		OTHER INS. ON VEHICLE – IF PERSONAL AUTO	
CLAIMANT INFORMATION – MUST BE COMPLETED			
NAME AND ADDRESS OF CLAIMANT: MELANIE SCHANAMAN 1530 6TH ST. GERING, NE 69341			PHONE 308.765.2250
** ATTACH COPY OF ALL AVAILABLE DOCUMENTS, I.E. POLICE REPORT, ACCIDENT INVESTIGATION REPORTS, AND CLAIMANT NOTICE.			OTHER PHONE
DESCRIBE INJURY (IS CLAIMANT A MINOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO):		WAS MEDICAL TREATMENT PROVIDED?	
		AMBULANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
		CLINIC/HOSPITAL _____	
		PHONE _____	
DESCRIBE DAMAGED AUTO OR OTHER PROPERTY: PUNCTURED TIRE FROM RUNNING OVER DEBRIS IN ROAD		ESTIMATE OF DAMAGE: \$ 198.91	
WITNESSES			
NAME & ADDRESS	MEMBER/EMPLOYEE	BUSINESS PHONE	HOME PHONE
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
MEMBER COMMENTS / CONCERNS / SPECIAL INSTRUCTIONS (ATTACH A SEPARATE SHEET IF NECESSARY):			
SIGNATURE: CINDY DICKINSON		MEMBER EMAIL: cdickins@scottsbuff.org	DATE: 11/4/15

REV. 2/6/15

Cindy Dickinson

From: Melanie Schanaman <melanieschanaman@yahoo.com>
Sent: Tuesday, November 03, 2015 1:16 AM
To: Cindy Dickinson
Subject: Melanie Schanaman tire claim
Attachments: IMG_1435[1].JPG; IMG_1436[1].JPG

November 2, 2015
Melanie Schanaman
1530 6th St.
Gering, NE 69341
(308)765-2250

Dear Cindy,

Here are the details of the claim that I am filing for reimbursement of my tire.

On October 27 at 2140, I left the hospital to get some food for myself & some of my employees at Taco Bell. When I got close to Pizza Hut on 27th St., I ran over something and heard my tire "pop" and start hissing. I pulled into the auto parts store north of Pizza Hut to check it. The tire was completely flat within 2 minutes and I could see metal, approximately 1" wide, sticking in the tread of the left rear driver's side tire. I called security from the hospital to come take me back to work and put my spare tire on. While I was waiting for security to arrive, I could see lots of pieces of metal and other objects lying in both lanes of 27th St. and several cars were running over them. When I arrived back at the hospital, I called the communications center at 2225 and informed them that there had apparently been a wreck on 27th St. earlier in the evening that had not been cleaned up and that I ran over some pieces from it and popped my tire.

I had just put all new tires on my truck on September 1, 2015 and they had less than 200 miles on them when this happened, as I had surgery the second week of September and had only driven my truck a total of 14 days to date. The tire was not repairable and I had to purchase another tire to replace it. The new tire was installed on November 2, 2015 at a cost of \$198.91, which I am seeking reimbursement for.

I have attached copies of the original bill from September, pictures of the metal piece removed from the tire, pictures of the ruined tire with the metal stuck in it, and the final attachment is the bill for the new tire on November 2.

If you need anything further from me or have any questions, please feel free to contact me at (308)765-2250.

Sincerely,
Melanie Schanaman

Budget Tire & Service Inc

2905 10th St

Gering, NE 69341

308-632-8188

Invoice # 1-80999 Dealer ID# Page 1 of 1

Date 11/02/2015

Emp: 1-124 KT / 1-124 KT

In Oct 30, 2015 8:16 am

Out Nov 02, 2015 5:15 pm

*** INVOICE ***

Sold To:
MELANIE SCHANAMAN
1530 6TH ST
GERING NE 69341

Ship To:

Unit#: _____
Vehicle: 05 FORD F-150
License: 21-1000
Mileage: In: 99,654 Out: 99,654
Vin#: _____
PO#: _____

Business Phone: 308-765-2250

Salesman	Mechanic	Part #	QTY	Description	Parts	Labor	FET	Total
124		TRS-NSK001	1.00	275/65R18 HANKOOK DYNAPRO HT	163.27	0.00	0.00	163.27
124		TRS-BUS005	1.00	STATE OF NEBRASKA TIRE TAX	1.00	0.00	0.00	1.00
124		TRS-DSP001	1.00	TIRE DISPOSAL-PASSENGER & LT	3.00	0.00	0.00	3.00
124		TRS-ITP201	1.00	P 17-18 INSTALLATION PACKAGE	0.00	20.00	0.00	20.00
124		TRS-NOT70	1.00	NOTE MOUNT, BALANCE & STEM	0.00	0.00	0.00	0.00
124		TRS-SRV012	1.00	AIR PRESSURE CHECK	0.00	0.00	0.00	0.00
124		TRS-SRV002	1.00	TORQUE LUG NUTS	0.00	0.00	0.00	0.00

FLAT REPAIR CARRY IN
WILL COME BACK AND DROP OFF TRUCK AND PICK UP LATER

NEW TIRE IN TRUCK BED
LEFT REAR IS SPARE PUT BACK UNDER CAR

Card Type: MASTERCARD

CC#: *****0008

Auth. # 000350

Amount:

\$198.91

Signature: _____

Buyer agrees to pay total amount above, according to cardholder's agreement with issuer.

CAUTION: WE RECOMMEND THAT LUG NUTS BE CHECKED WITH A TORQUE WRENCH
AFTER THE FIRST 25 MILES DRIVEN AND PERIODICALLY THEREAFTER.

NOTICE: Most products & services sold by BUDGET TIRE & SERVICE INC carry a limited warranty.
Please keep all invoices in the car. You MUST have invoice for an adjustment or return.

Cash:	Check: 0.00	Credit: 198.91	Charge:	Parts:	167.27
Change:				Labor:	20.00
				Subtotal:	187.27
Signature: _____				Sales Tax:	11.64
				Total:	\$198.91