

# **City of Scottsbluff, Nebraska**

**Monday, June 6, 2016**

**Regular Meeting**

## **Item Consent3**

**Council to acknowledge a claim from Nicci Vorse for personal property damage and forward to the city's insurance carrier.**

**Staff Contact: Cindy Dickinson, City Clerk**



Please forward ASAP to:  
 L.A.R.M.  
 League Association of Risk Management  
 1335 L Street, Suite 200  
 Lincoln, NE 68508  
 Phone: (888) 553-5276  
 Fax: (402) 476-4089

# General Liability Loss Notice

**MEMBER**

MEMBER NAME:

Scottsbluff

CONTACT NAME:

Cindy Dickinson

PHONE:

308.630.6221

**LOSS**

DATE AND TIME OF LOSS: 11/2015 (approx)

HAS THIS LOSS BEEN PREVIOUS REPORTED? no

DATE:

TO WHOM:

LOCATION OF ACCIDENT (INCLUDE CITY & STATE): 1926 Ave B, Scottsbluff, NE 69361

DESCRIPTION OF ACCIDENT (INCLUDE WEATHER CONDITIONS AND OTHER OBSERVATIONS):

Water meter leaking for many years causing mold, resulting in health issues for the owner

CLAIMANT NOTIFICATION OF LOSS TO CITY:

- NONE
- AT TIME OF LOSS
- ORAL NOTICE OF LOSS TO:
- WRITTEN NOTICE HAS BEEN PROVIDED TO CITY 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):

Nikki Varse  
 1926 Ave. B  
 Scottsbluff, NE 69361

PHONE:

308.672.0791

OTHER PHONE:

**\* BODILY INJURY LOSS \***

DESCRIBE INJURY

mold allergy

WAS MEDICAL TREATMENT PROVIDED?

CLINIC/HOSPITAL: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN PHONE: \_\_\_\_\_

IS CLAIMANT A MINOR?  YES  NO

**\* PROPERTY DAMAGE LOSS \***

DESCRIBE DAMAGED PROPERTY:

mold in basement

WHERE CAN PROPERTY BE SEEN:

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):

REPORTED BY: Property owner

DATE:

THIS LOSS NOTICE WAS COMPLETED BY (PRINT NAME AND TITLE):

Cindy Dickinson, City Clerk

SIGNATURE:

Cindy Dickinson

cdickins@scottsbluff.org

DATE:

6/2/16