

City of Scottsbluff, Nebraska

Monday, March 16, 2020

Regular Meeting

Item Consent4

Council to acknowledge receipt of and take no action on a liability claim from Robert Rahmig. The claim will be withdrawn and forwarded to the City's insurance carrier.

Staff Contact: City Council

City of Scottsbluff
CITIZEN INCIDENT REPORT

All tort claims under the Political Subdivisions Tort Claims Act and [sections 16-727](#), [16-728](#), [23-175](#), [39-809](#), and [79-610](#) shall be filed with the clerk, secretary, or other official whose duty it is to maintain the official records of the political subdivision, or the governing body of a political subdivision may provide that such claims may be filed with the duly constituted law department of such subdivision. It shall be the duty of the official with whom the claim is filed to present the claim to the governing body. All such claims shall be in writing and shall set forth the time and place of the occurrence giving rise to the claim and such other facts pertinent to the claim as are known to the claimant.

Date: 3-7-2020

Date and location of Incident: 12-14-19 E 27th Street & College Park

Claimant Name: Robert Rahmig Phone: 308 631 3052

Address: 240495 CRT City: Gering State and Zip: NE 69341

City Department Contact: Kim Wright (city clerk)

Narrative of what happened: Slick roads pickup slid into light pole.
traveling westbound on 27th Street, left hand turn pickup struck
light pole due to no sand at intersection. while waiting for police to
arrive we pulled forward. when police arrived they parked in front of
the pole, and their police car was struck by a second vehicle while
we filed our report. officer dismissed chance & I both said it was an accident
Estimated amount of damages \$ 575.57 (attach estimates) he did not need anything from me.


Attachments: Photos: _____ Estimates: Ø Medical Bills: Ø

Witnesses: Pargi Ruff Contact Information: Scottsbluff P.D.

Citizen insurance information: American Family Mut Ins Co.

Reported by (city staff): _____

Received Date: _____

Signature of Claimant(s): 

SUBMIT TO: KIM WRIGHT, CITY CLERK, CITY OF SCOTTSBLUFF
2525 CIRCLE DRIVE, SCOTTSBLUFF, NE 69361