|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTICE OF CLAIM**  AGAINST THE CITY OF DALLAS  PERSONAL INJURY – PROPERTY DAMAGE  File this claim within six (6) months of the injury or property damage with:  **OFFICE OF RISK MANAGEMENT**  **1500 MARILLA 6A SOUTH**  **DALLAS, TEXAS 75201**  **214-671-9458**  Please complete both pages of this form | | | | | | | | | | | |
| DATE OF BIRTH:  VEHICLE (Yr/Make/Model/Tag): | | | | | | | | | | | |
| PLEASE PRINT FULL NAME | | | | | | | PHONE NUMBER(S) | | | | |
|  | | | | | | | Business: |  | | | |
| Home: |  | | | |
| MAIL ADDRESS | | | | | | CITY, STATE AND ZIP CODE | | | | | |
|  | | | | | |  | | | | | |
| Was there injury? |  | | | | ESTIMATE the amount of your claim against the city : | | | | | | |
| Was there property damage? | |  | | |  | | | | | | |
| (Please attach documentation if necessary) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Describe in your own words WHERE, WHEN and HOW the damage or injury occurred. Give names and addresses of any others involved, if known. | | | | | | | | | | | |
| WHERE  Location: | | | | | | | | | | | |
| WHEN  Date: | | | | | Approximate  Time: | | | |  | AM | |
|  | PM | |
| HOW: Describe details of your claim(s) for damages against the city | | | | | | | | | | | |
|  | | |  |  | | | | | | |

Date Signature of Claimant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \* Continue details of your claim(s) | | | | |
|  | | | | |
|  | | | | |
| THIS FORM MUST BE SIGNED AND DATED AS ACKNOWLEDGEMENT THAT ALL OF THE STATEMENTS MADE IN THIS CLAIM ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE: | | | | |
|  |  |  |  |  |
|
|  | Date | Signature of Claimant |

**\*\* Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA Section 111)**

Under MMSEA Section 111, any entity that pays settlement, judgment, award or other payment after July 1, 2009 is required to report that claim to Medicare.  To meet these mandatory reporting requirements, you will be required to submit your date of birth and social security number before payment is made on your claim.

For additional information on MMSEA Section 111, visit:  [www.cms.hhs.gov.mandatoryinsrep](http://www.cms.hhs.gov.mandatoryinsrep/)