

**Notice of Claim  
Against the City of Farmers Branch  
Personal Injury – Property Damage**



|                                    |  |
|------------------------------------|--|
| Date of Birth                      | **Social Security #                    |
| Name (Last, first, middle initial) | Primary Phone                          |
| Street address, City, ST, ZIP Code | \$                                     |
| E-mail Address                     | Total amount of claim against the city |

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate Time: \_\_\_\_\_  A.M.  P.M

Describe in your own words what, where, when, and how the damage or injury occurred. Attach copies of any bills, estimates, photographs, medical reports, or any other supporting documents.

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|--|--|
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Were you or anyone else injured? Yes  No       Were there any witnesses? Yes  No

If yes, please identify (Name & Contact Info): \_\_\_\_\_

Has the incident been reported to a City employee or department? Yes  No

If yes, name of employee/department: \_\_\_\_\_

Has the police department been notified? Yes  No       Police Report Number: \_\_\_\_\_

**FOR ALL CLAIMS** – Have you submitted a claim to your insurance carrier?  Yes  No *If yes, provide Insurance contact info*

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Vehicle: (Make, Model & Year) \_\_\_\_\_ License Plate: \_\_\_\_\_ Vehicle in possession? Yes  No

**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: \_\_\_\_\_

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

Under MMSEA Section 111, any governmental 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 regardless of the type of claim you submit.

NOTICE OF CLAIM AGAINST THE CITY OF FARMERS BRANCH Section 9 of the Charter of the City of Farmers Branch requires written verified notice as a condition precedent to the filing of a claim or law suit against the City not later than six (6) months after the day that the incident occurred. The notice shall be filed with the City Secretary and shall describe the following: (1) damage or injury claim; (2) time, date and location where incident occurred; (3) description of incident; (4) estimate of damages. Section 9.03 – Notice of damage or Injury Required The City of Farmers Branch shall never be liable on account of any damage or injury to person or to personal property arising from or occasioned by any defect in any public street, highway, alley, grounds or public work of the City of Farmers Branch unless the specific defect causing the damage or injury shall have been actually known to the City Manager at least twenty-four (24) hours prior to the occurrence of the injury or damage or unless the attention of the City Manager shall have been called thereto by a notice thereof in writing at least twenty-four (24) hours prior to the occurrence of the injury or damage and proper diligence has not been exercised to rectify the defect. The notice herein required to be given to the City Manager of the specific defect causing the damage or injury shall apply where the defect arose from any omission of the City itself, through its agents, servants or employees, or acts of third parties.

**YOU MAY SUBMIT THE COMPLETED CLAIM FORM ONE OF THREE WAYS:**

|                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Mail:</b>             | <b>Fax:</b> 972.919.2676 | <b>Email:</b> risk@farmersbranchtx.gov |
| Human Resources - RISK   |                          |  |
| P.O. BOX 819010          |                          |  |
| Farmers Branch, TX 75381 |                          |  |