

**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:

**HUMAN RESOURCES/ RISK MANAGEMENT DIVISION**  
**1500 MARILLA 6A SOUTH**  
**DALLAS, TEXAS 75201**  
**214-670-3120**

Please complete both pages of this form

DATE OF BIRTH:	Vehtype/Model	Tag/Vin
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:	<input type="checkbox"/> AM <input type="checkbox"/> PM
HOW: Describe details of your claim(s) for damages against the city		

\* 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

CHAPTER XXIII OF THE CHARTER OF THE CITY OF DALLAS REQUIRES WRITTEN NOTICE BEFORE ANY CLAIM FOR INJURY OR DAMAGE MAY BE CONSIDERED. THE CHAPTER PROVISIONS ARE QUOTED BELOW FOR INFORMATION.

"Section 1. NOTICE REQUIRED-PERSONAL INJURY-The City of Dallas shall never be liable for any personal injury, whether resulting in death or not, unless the person injured, or someone in his behalf, or in the event the injury results in death. the person or persons who may have a cause of action under the law by reason of such death injury, shall file a notice in writing with the city within six (6) months after the same has been received, stating specifically in such notice, when, where and how the exact injury occurred, and the full extent thereof, together with the amount of damages claimed or asserted."

"Section 2. NOTICE REQUIRED-INJURY TO PERSONAL OR REAL PROPERTY-The City of Dallas shall never be liable for any claims for damages or injury to real or personal property caused by the negligent act or omission of its officers, servants or employees, unless the person whose property has been injured or damaged, or someone in his behalf, shall file a claim in writing with the city within six (6) months after said damage or injury has occurred, stating specifically when, where and how the injury or damage occurred and the full extent thereof, and the amount of damages claimed or asserted."

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

1. Mail to: City of Dallas
Human Resources/Risk Management
1500 Marilla 6A South
Dallas,Texas 75201

OR

2. Fax to: 214-670-1347

OR

3. Email to: hrrmliabclaims@dallascityhall.com