



For RM's Office Use Only: Claim # _____ Received By RM's Office: _____
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**CLAIM AGAINST THE CITY OF LAS CRUCES
PROPERTY/LIABILITY CLAIM FORM**

(No Liability is admitted by the City of Las Cruces by the issue of this form)

COMPLETE IN DETAIL TO ENSURE PROMPT HANDLING

YOU ARE NOT REQUIRED TO MAKE A CLAIM PRIOR TO FILING A LAWSUIT. THE MAKING OF A CLAIM WILL NOT STOP THE RUNNING OF THE APPLICABLE STATUTE OF LIMITATIONS. If you are represented by an attorney, we will only communicate with you through your

Information about the New Mexico Tort Claims Act

41-4-16. Notice of Claims. – [New Mexico Tort Claims Act]

The New Mexico Tort Claims Act was enacted in order to clarify the circumstances and procedures under which government entities are responsible for injuries or damages involving their property or employees. The section describing the requirements for filing a claim is shown below:

Every Person who claims damages from the state or any local public body under the Tort Claims Act {41-4-1 to 41-4-27 NMSA 1978} shall cause to be presented to the Risk Management Division for claims against the state, the mayor of the municipality for claims against the municipality, the superintendent of the school district for claims against the school district, the county clerk of a county for claims against the county, or the administrative head of any other local public body for claims such local public body, within ninety (90) days after an occurrence giving rise to a claim for which immunity has been waived under Tort Claims Act, a written notice stating the time, place and circumstances of the loss or injury.

PART 1 – CLAIMANT INFORMATION

CLAIMANT'S NAME (Last, First, M.I.)		TODAY'S DATE
PHYSICAL ADDRESS (house number, street name, city, state, zip)		
MAILING ADDRESS, IF DIFFERENT FROM PHYSICAL ADDRESS		
DAYTIME TELEPHONE NUMBER	ALTERNATE NUMBER	EMAIL ADDRESS

PART 2 – DETAILS OF INCIDENT

DATE OF INCIDENT (MM/DD/YYYY)	TIME OF INCIDENT : am pm	POLICE REPORT NUMBER	IS COPY OF REPORT ATTACHED? YES NO
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INCIDENT LOCATION (provide specific address, i.e. 1234 W. Main St.)

DESCRIPTION OF INCIDENT (Give details of how damage occurred) *Use additional sheet is necessary

IF THIS INCIDENT INVOLVES AN AUTOMOBILE, PLEASE SUPPLY FOR THE FOLLOWING INFORMATION.

YEAR: MAKE: MODEL: VEHICLE LICENSE NUMBER:

WITNESS NAME			WITNESS ADDRESS	PHONE NUMBER
LAST	FIRST NAME	M.I.	STREET, CITY, STATE, ZIP	
LAST	FIRST NAME	M.I.	STREET, CITY, STATE, ZIP	

PART 3 – CLAIM

Please mark which documents you have enclosed with the claim form. Provide a **MINIMUM OF (2) REPAIR ESTIMATES FROM (2) SEPARATE BUSINESSES** for property damage. Please note that the list of documents is not exhaustive. Other documents may be requested if necessary.

Police Report Quotation(s) for repair/replacement Medical Bills

Photographs of Damage Invoices/Purchase receipts of items Other: _____

Other: _____ Other: _____

Explain and support the amount of damages you have claimed by listing each item of damages. Preserve all damaged items. Any items disposed of before obtaining written permission from the City of Las Cruces, Risk Management Department **will not** be considered part of the claim.

Description of Item	Details of Damage/Loss	Date of Purchase	Original Price	Amount Claimed
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			Total Sum Claimed	\$

A claim for \$_____._____ is hereby made against the CITY OF LAS CRUCES, based upon the following facts described above.

PART 4 - SIGNATURE

I do hereby attest under penalty of perjury that I am the claimant named above, that I have read the foregoing claim and know the contents thereof, that the same is true of my own knowledge, except those matters stated upon information and belief, and as to those matters, I believe them to be true, and that THIS IS MY ENTIRE CLAIM AGAINST THE CITY OF LAS CRUCES.

IF MY CLAIM IS PAID, I FULLY UNDERSTAND THAT I WILL HAVE TO SIGN A GENERAL RELEASE OF ALL CLAIMS IN THE PRESENCE OF A NOTARY PUBLIC BEFORE ANY PAYMENT WILL BE ISSUED.

Incomplete or unsigned claim forms will not be accepted and will be returned. REMEMBER to respond to all applicable questions and attach supporting evidence and information.

Signature: _____ Date: _____

NOTICE: It is unlawful for any person to intentionally make a report to a law enforcement agency or official, which report he knows to be false at the time of making it, alleging a violation by another person of the provisions of the Criminal Code [30-1-1 NMSA 1978]. Any person violating the provisions of this section is guilty of a misdemeanor.

Claims may be submitted as follows:

Fax: 575-528-3705 or Mail: Risk Management P.O. Box 20000 Las Cruces, NM 88004 or In Person: City Hall 700 N. Main St. Suite 3500 Las Cruces, NM 88001 or Email: myclaims@las-cruces.org