

CITY OF MIDDLETOWN
PROPERTY DAMAGE CLAIMS INSTRUCTIONS

Special Notice Regarding Pothole Claims

Please be aware that under Connecticut law, the Municipality is generally not responsible to pay claims for damages resulting from potholes. Among other things, if it is determined that you had an opportunity or ability to avoid damage, then your claim may not be honored.

Property damage claims **must** be submitted to the Town Clerk pursuant to these instructions. Thereafter, claims will be forwarded to the Office of the General Counsel and the City's insurance carrier for review.

1. Any claimant seeking to make a Property Damage Claim against the City must submit the attached "Claim Form" either in person or mailed to:

Office of the Town Clerk
245 DeKoven Drive
Middletown CT 06457

Claims must be submitted:

- a. within ninety (90) days from the date of the incident for claims alleging property damage resulting from a defective highway or sidewalk, and
- b. within six (6) months of the date of the incident for all other claims alleging property damage.

2. All claims forms must be fully completed and signed. If a particular question is inapplicable, claimant must indicate such inapplicability by placing "N/A" in the space provided.

3. All relevant documentation should be submitted along with the claim form. Examples of relevant documentation may include:

- Photographs
- Damage estimates
- Receipts
- Police reports
- Insurance statements

4. Claims alleging defective street conditions and claims alleging defective City sidewalks, sewers, trees, or facilities must be reported to the relevant departments (e.g., Police, Public Works, Water and Sewer) within twenty-four (24) hours of the incident.

5. Claimants should follow proper notice procedure for all other claims against the City. The property damage claim form should not be used for the following types of claims:

- a. claims involving personal injury
- b. Damages to postal mail boxes (Middletown ordinance *sec 262-39.1*)
- c. Claims due to a defect on a *state* highway or other property the maintenance of which, by law or contract, is not the City's responsibility
- d. Damages resulting from Acts of God (hurricanes, tornadoes, blizzards, ice storms, etc.)
- e. Claims which are the subject of a "Notice of intent to File a Lawsuit" or an Administrative proceeding

6. Claimants may be contacted by the City's insurance carrier to investigate claims, determine liability and resolve on behalf of the City. The adjuster will report his/her findings to the Office of the General Counsel.

7. Address and telephone number changes must be reported promptly to the Office of the General Counsel

**PLEASE KEEP THESE INSTRUCTIONS FOR YOUR INFORMATION
DO NOT SUBMIT WITH YOUR CLAIM**

For claim updates, please contact the assigned insurance adjuster or
email: claims@middletownct.gov

**CITY OF MIDDLETOWN
PROPERTY DAMAGE CLAIM FORM**

1. Name _____

2. Address _____

3. Telephone: Cell _____ Home _____

4. Check the type of claim:

Automobile Accident _____ Pothole/Manhole _____ Defective Sidewalk _____ Other _____

5. Below, explain the circumstances of the incident for which you are claiming property damage.
Please include the date, the time, and the exact location of the alleged incident.

6. What is the total amount of your claim against the City? \$ _____

7. Property damage estimate(s) or receipt(s) should be submitted with this form in order to substantiate your claim. Attach estimate(s) or receipt(s) to this form
Indicate whether each amount listed relates to an estimate or receipt.

a. \$ _____ Vendor _____
b. \$ _____ Vendor _____

8. Do you have insurance on the damaged property? _____

a. If "yes", list the name, address, and telephone number of your insurance company and policy number.

b. Have you submitted a claim to your insurance carrier? _____ If "yes", when? _____

c. Have you received any insurance payment for this incident? _____

10. List each City department or agency you reported this incident to, the date you reported it, and the name of the person you spoke to.

Agency/Dept. _____ Date _____ Employee _____

Agency/Dept. _____ Date _____ Employee _____

I, the undersigned, do swear to the truthfulness and accuracy of the information above and that attached hereto in support of this claim against the City of Middletown for property damage. I understand that I have an obligation to inform the City of any insurance payments made to me or to any vendor on my behalf for this incident.

Claimant _____ Date _____
(signature)

(printed name)