

SPRINGFIELD WATER AND SEWER COMMISSION (SWSC)

CLAIM FORM

Before completing this form, please read the Instructions.

If you intend to make a claim for personal injury or property damage under the Massachusetts Tort claims Act (found in Mass. General Laws Chapter 258) please note that before a civil action for damages may be brought against a public employer, the claimant must first present his claim in writing to the executive officer of the public employer, within two years of the occurrence of the cause of action.

If you intend to make a claim for personal injury or property damage based on a defect in the public way (found in Mass. General Laws Chapter 84) you have 30 days from the date of incident to comply with the statutory requirements.

If you are making a claim under some other legal provision, there may be other notice requirements that must be complied with. For further advice as to the procedure for filing your claim, you should consult a private attorney.

Submission of this form does not constitute compliance with statutory notice provisions unless presented within the time and notice requirements set forth in the statute.

1. CLAIMANT INFORMATION:

First Name _____ Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

2. OFFICIAL REPRESENTATIVE (See Instructions):

First Name _____ Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

3. DOB _____ 4. SSN _____

5. Date of Incident _____ 6. Time of Incident _____ AM ☐ PM ☐

7. Location of Incident or Accident _____

8. License Plate Number, Claimant Vehicle _____

Year _____ Make _____ Model _____ Mileage _____

9. Basis of Claim (State in detail the known facts and circumstances attending the incident identifying the persons and departments and property involved, and the cause thereof. Submit additional pages if necessary and attach photos if available. See Instructions).

10. a. Please list the following information:

Name of SWSC employee, ID No. and Department (if known).

Type of SWSC Vehicle _____

Vehicle License Number _____

Vehicle Number _____

11. Description of The Claimant's damage, injury, or loss.

12. Have you submitted a claim to any insurance company for damages arising from this incident? If so, state name, address and phone number of insurance company.

13. Value of Claimant's Loss or Injury and method of computation. See Instructions.

- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
- d. _____ \$ _____

Total Amount

14. Witnesses (if any)

Name _____

Address _____ Telephone _____

Name _____

Address _____ Telephone _____

15. I understand that if my claim is successful, any monies owed me may be offset by any monies I may owe the Springfield Water and Sewer Commission.

I understand that submission of this does not constitute compliance with statutory notice provision.

By signing my name I affirm, verify, and declare, under penalty of perjury, that the statements made in this form and supporting materials are true and correct.

Date: _____

Signature: _____

CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING A FALSE STATEMENT CAN LEAD TO IMPRISONMENT OR FINE OR BOTH.

PLEASE PRINT OR TYPE ON THIS FORM.

Return completed and signed claim form to:

Springfield Water and Sewer Commission

Attn: Joshua Schimmel

250 M Street Extension

Agawam, MA, 01001

INSTRUCTIONS FOR CLAIMS AND RELATED DOCUMENTATION

1. Claimant's Name and Home Address - Enter the full name and home address of the person(s) claiming damage or injury. Enter the street, city, state, zip code, and phone (with area code).

2. Official Representative - Enter the name, mailing address (including zip code), and phone (with area code) of the person to whom all official notices and other correspondence should be sent if other than the claimant.

3. Date of Birth - Enter the claimant's date of birth including month, day and year.

4. Social Security Number-Enter the claimant's social security number.

5. Day and Date of Incident-Enter the exact month, day and year of the incident which caused the alleged damage or injury.

6. Time of incident-Enter the exact time, including AM or PM, of the incident which caused the alleged damage or injury.

7. Location of Incident or Accident-Enter the city and street address or intersection where the damage or injury allegedly occurred.

8. Claimant Vehicle License Plate Number-Enter the claimant's vehicle license plate number with year, make, model and mileage.

9. Basis of Claim-Provide a detailed description of the circumstances that led up to the incident. Provide all of the facts which support the claim. In the boxes provided for the information, enter the name, ID number and Department of SW&SC employee(s) who allegedly caused the damage; the type of SW&SC vehicle and the license number or SW&SC vehicle number.

10. List any SW&SC employees involved in the claim.

11. Description of Damage or Injury-Enter a detailed description of the damage or injury that allegedly resulted from the incident. If the claimant's vehicle was involved, enter make, model and year.

12. Enter name, address and phone number of insurance company if you have made a claim to any insurance company for damages arising from this incident. In addition, if you have a claim number and contact information for an adjuster assigned to the claim, please provide.

13. Value of Loss and Method of Compensation-Enter the total amount that you are claiming as a result of the alleged damage or injury. Enter a breakdown of how the total amount that you are claiming was calculated. You may declare expenses incurred and/or future anticipated expenses. If available, attach to the claim copies of all bills, payment receipts, and if an automobile accident, provide two repair estimates.

14. Witnesses-Enter the names, addresses and daytime phone numbers of any persons who witnessed the accident.

15. Signature of Claimant or Representative-The claim must be signed by the claimant or by the official representative of the claimant under penalty of perjury. The SW&SC will *Not Accept* the claim without an original signature. A photostatic copy or facsimile transmittal copy will not be accepted. Enter the date the claim is filed to assure compliance with time limitations.

Claims for death or injury to persons or personal property due to a defect in a public way must be filed within 30 days of the incident. Tort claims must be filed within two years.

Claims are processed during regular business hours, Monday through Friday (excluding holidays). To receive a receipt of the claim, please provide a copy of the original claim and a self-addressed stamped envelope.

For information please call the Springfield Water and Sewer Commission at 413-787-6256.
