



CITY OF SALEM - MASSACHUSETTS

LEGAL DEPARTMENT
93 WASHINGTON STREET
SALEM, MASSACHUSETTS 01970

**PLEASE READ THIS NOTICE
BEFORE FILING A CLAIM**

**Claims Against the City of Salem for
Property Damage or Personal Injury**

(The *Massachusetts Tort Claims Act*, M.G.L. c. 258)

Please be advised that state law relieves the city of any liability for property damage or personal injury as the result of unknown or unforeseen accidents for which the city was not negligent.¹ For example, damages to an automobile as the result of a pothole in the road, damages to personal property as the result of a sewage or water main break, or personal injury damages as the result of a slip and fall on a sidewalk, are not injuries for which a claimant may collect damages from the city unless the claimant can prove the city was negligent.

In certain very limited circumstances, the city may be liable for damages to an individual when an investigation shows that the city was negligent, or that a city employee committed a wrongful act or omission. State law governs the procedure the city follows for such claims, and limits the city's potential liability in such actions.²

IMPORTANT NOTICE: It is expected and **STRONGLY ADVISED** that the injured party will make claim to their automobile, homeowner's, or medical insurance policy respectively for any such losses. Claimants are advised to speak with their insurance agent and report all claims to their insurer **BEFORE FILING A CLAIM WITH THE CITY**. If you are uncertain about your rights, contact an attorney.

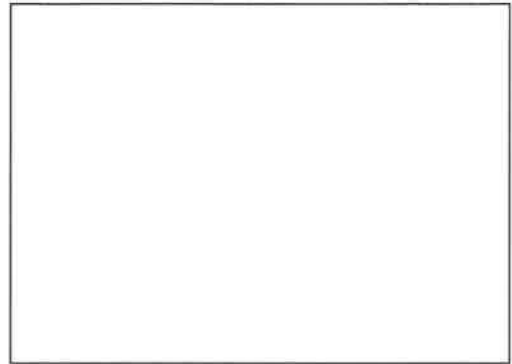
¹ See G.L. c. 258, §2.

² See G.L. c. 84, §15 limiting city's liability for defects on a road or sidewalk to \$5,000.00.

In City Council _____

Referred to the Committee on Ordinances,
Licenses and Legal Affairs

CLAIM



PLEASE PRINT ALL INFORMATION

To: City Clerk
City Council
Salem City Hall
93 Washington Street
Salem, MA 01970

Date of Accident: _____ Time: _____ AM _____ PM

Location of Accident: _____
(exact location – street or streets)

Auto (if applicable): _____
(Year) (Make) (Model)

Complete description of damage/injury _____

Complete description of incident: _____

Total cost incurred: \$ _____ (NOTE: This figure must represent the total amount being requested by the claimant, as this figure, as submitted, will be the only amount under consideration by the Claims Committee. Vehicular Claims will be rejected if this item is not filled in. It is the responsibility of the claimant to provide the Claims Committee with complete and accurate figures at time of filing this claim. All Claims must be filed within 30 days from the date of the incident.)

(Print Name)

(Signature of Claimant)

(Street Address)

(City, State & Zip) (Tel. No.)