

Notice of Claim against the State of Arizona

Claim Number: G201601574 (State & Federal Employee's)

Vehicle Owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone # (Home): _____ Work: _____ Date of Birth: _____

FACTS

DATE OF OCCURRENCE	TIME OF OCCURRENCE	LOCATION OF OCCURRENCE
<u>On or around August 19, 2016</u>	<u>Business Hours</u>	<u>5636 E McDowell Rd, Phoenix, AZ</u>

ADEMA discovered a number of personally owned, as well as State & Federally owned vehicles with significant tire damage caused by the failure of spike strips at the exit gate of the ADEMA facility.

Vehicle Year: _____ **Make:** _____ **Model:** _____ **License Plate:** _____

Tire Brand: _____ **Size:** _____ **Signature:** _____ / /
Employee Signature and date form completed

Preferred Shop Location: _____ (See listings)

Employee Confirmation:

ADEMA _____ / /
ADEMA Official Signature/Date Required

Federal Government _____ / /
Government Official Signature/Date Required

Shop Checklist:

- Notice of Claim – with required signature
- Vehicle information confirmed
- Tread Depth for each damaged tire is required _____
- Confirmation: Damage is consistent with loss description
- Confirmation: Like, kind and quality replacement tires installed
- Invoice attached (Tire tech # is identified on the actual invoice)

Vehicle Owner Signature is required upon completion of installation confirming tires and services were completed to their satisfaction.

Owner Signature and Date

_____/_____/_____
Date

Amount of Claim \$ See attached Invoice from Tire and Service Center

TO FILE A CLAIM IF YOU HAVE DAMAGE CAUSED BY THE SPIKE STRIPS AT THE NORTH AND SOUTH GATES OF PAPAGO PARK MILITARY RESERVATION:

1. The employee submits a completed, signed notice of claim form that includes the vehicle make, model and year along with the tire size and brand (submission can be either via e-mail or in person) to the AZDEMA Risk Manager, who will verify employment status through state and federal HR.
2. The Risk Manager will sign and date the claim form upon employment verification.
3. The Risk Manager will maintain a copy of the form and give the original to the employee.
4. The employee will go to a Purcell's location of their choosing and provide them with the claim form. Employees can call ahead to the location of their choosing to confirm if they have similar like, kind and quality in stock and to schedule appointments.
5. Purcell will verify and document on the invoice that the damage is consistent with the faulty spike strips, note the tread depth and obtain the customer's signature/date confirming the work was complete to their satisfaction.
6. Purcell will send the invoice and claim form directly to Risk Management.
7. Risk Management will match the invoices and claim forms with the copies provided to them by the AZDEMA Risk Manager.
8. Risk Management will then pay validated claims directly to Purcell.
9. Employees will be allowed 30 days from the date of notice to obtain a validated & signed claim form from Risk Management. They will then have a total of 180 days from the date of notice to have the tires replaced (the date of notice will be the date the agency informs the employees of the process). The claim form, Employee Notice of Claim Form - Tire Damage, can be located at https://dema.az.gov/sites/default/files/publications/DEMA_HR_NOC-Form-for-State-and-Federal-Employees-Spike-strip.pdf

PEOPLE WHO CHOOSE TO NOT USE THE PURCELL PROCESS

1. People who choose to have their tires replaced at their own cost will be required to provide a photo of the tire damage along with the side of the tire to validate the type/grade of tire. The replacement tires will be of similar like, kind and quality.
2. The employee will complete a notice of claim form and provide it, along with photos and invoice, to the Risk Manager.

3. The AZDEMA Risk Manager will verify they are an employee of the agency and forward the claim to Risk Management.
4. Employees will receive reimbursement directly from Risk Management. Reimbursement may take up to 6 weeks.

NON-EMPLOYEE CLAIMS

1. Non-employee claimants can contact the AZDEMA Risk Manager at (602)629-4285 or demariskmanagement@azdema.gov. The Risk Manager will guide them through the process.
2. Non-employee claimants will have their tires replaced at their own cost and will be required to provide a photo of the tire damage along with the side of the tire to validate the type/grade of tire. The replacement tires will be of similar like, kind and quality.
3. Claimants will receive reimbursement directly from Risk Management. Reimbursement may take up to 6 weeks.

GOVERNMENT VEHICLES

1. The above information is meant for processing personal vehicles. Guidance for government owned vehicles is forthcoming and will be disseminated via the component chain of command at a later date.

SPIKE STRIP DAMAGE EXAMPLES.

If you have similar damage, and choose to seek immediate repairs, you are advised to take time-and-date-stamped photos and to have the tire store describe the damage on the repair invoice.



