

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