



**INFORMATION ON FILING A CLAIM WITH THE CENTRAL NEW MEXICO COMMUNITY COLLEGE
(CNM)**

Filing a claim with CNM for damage for which you feel CNM is legally liable.

As stated below in the "Tort Notice of Claim" you have ninety (90) days from the date of incident to file your claim. If you have questions on how to fill out the attached form you can contact the CNM Risk Management Office at (505) 224-4438.

TORT NOTICE OF CLAIM

41-4-16. Notice of Claims. – [New Mexico Tort Claims Act]

A. Every Person who claims damages from the state or any local public body under the Tort Claims Act {41-4-1 to 41-4-27 NMSA 1978} shall cause to be presented to the Risk Management Division for claims against the state, the mayor of the municipality for claims against the municipality, the superintendent of the school district for claims against the school district, the county clerk of a county for claims against the county, or the administrative head of any other local public body for claims such local public body, within ninety (90) days after an occurrence giving rise to a claim for which immunity has been waived under Tort Claims Act, a written notice stating the time, place and circumstances of the loss or injury.

The President has designated the receipt of the form to the Sr. Risk Officer.

Providing this form to the Sr. Risk Officer shall satisfy the notice requirements of NMSA 1978, Section 41-4-16

When filling out the attached form please print.

Thank you.

Return your form by Mail or E-Mail

**MAIL: CNM
Risk Management
525 Buena Vista Dr. SE
Albuquerque NM 87106**

**E-MAIL: riskmanagement@cnm.edu
PHONE: (505) 224-3449**



Please be advised that you are legally responsible to take whatever steps are necessary to minimize any loss you have sustained.

DATE OF INCIDENT (MONTH/DAY/YEAR): _____

TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

List name of injured/damaged party, (i.e. person's name, name of property owner, business name, name of the apartment complex). If claim is for a child please list the child's name and child's date of birth.

CLAIMANT NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE #: _____

List contact information if different from above information.

CONTACT NAME: _____ RELATIONSHIP TO PERSON ABOVE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE #: _____

Describe how the incident occurred and why you feel CNM is at fault. (Attach additional page if needed)

Describe injury and/or property damage.

If you are claiming damage to your vehicle the following information is needed.

YEAR: _____ MAKE: _____ MODEL: _____

If incident involved a CNM vehicle the following information is needed.

NAME OF EMPLOYEE DRIVER: _____ POLICE REPORT #: _____

CNM VEHICLE PLATE #: _____ CNM VEHICLE ID #: _____

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM. (NM Statutes Chapter 30 Article 39 Sec. 30-39-1)

I have read the matters and statements made in the above claim. I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF CLAIMANT OR LAWFUL REPRESENTATIVE: _____ DATE _____