**ICRMA ADJUSTER REPORT**

**CONFIDENTIAL – ATTORNEY/CLIENT PRIVILEGE**

Place on TPA letterhead

[insert date]

REPORT #1 [Insert new number as subsequent reports are generated]

[Insert name of ICRMA member]

[Insert address of ICRMA member]

[Insert city, state, zip of ICRMA member]

Attention: [Insert ICRMA member - liability contact name]

[Insert ICRMA - liability manager name]

Reference: Principal: [Insert ICRMA member name]

 City Claim Number: [Insert claim number(s)]

 Loss Date: [Insert DOL]

 Claim(s) Made: [Insert date claim received]

 Claimant(s): [Insert name(s)]

 Our File Number: [Insert number]

Dear [Insert name]:

PREVIEW:

[Insert brief description of the incident and factual allegations]. *Example: These claims arise out of an incident where a City employee, driving a City vehicle, while in the course and scope of his employment, struck a pedestrian who was walking across a City street within the crosswalk. The pedestrian, a 50 year old male, died as a result of his injuries. An attorney for three survivors of the decedent has presented claims on behalf of each of the survivors.*

The [insert number] individuals who have presented a claim are as follows:

1. [Insert name and address]
2. [Insert name and address]
3. [Insert name and address]

[Insert additional if necessary]

The claimants are represented by the Law Offices of [Insert attorney name, firm name, and address]

OTHER INSURANCE:

[Insert applicable insurance]. *Example: None indicated.*

DATE, TIME & PLACE:

[Insert date, time, place]. *Example: The incident occurred on January 4, 2014 at 11:15 a.m. at the intersection of City Avenue and Town Street in Anytown, California.*

LEGAL REQUIREMENTS:

1. Date Claims Filed Under Government Code:

[Insert text]. *Example: An attorney for the claimants filed in the claims in a timely manner on [enter date].*

1. Action By Public Entity:

 [Insert text]. *Example: The TPA has conducted an investigation and is preparing a report. The City has also conducted a police investigation.*

1. Statute of Limitations:

 [Insert text]. *Example: The Statute of Limitations for this claim is [enter date if claim is rejected and if claim is not rejected].*

INCIDENT DESCRIPTION / FACTS IN BRIEF:

[Insert text]. *Example: The accident occurred when a City employee, while driving a City vehicle, failed to see a pedestrian in a marked crosswalk and struck him with his vehicle. The pedestrian died as a result of his injuries.*

INFORMATION PROVIDED BY CITY:

[Insert text]. *Example: The City employee, [insert name], was contacted on the scene by the investigating officer. He related the following information: He was driving his City vehicle northbound on ABC Avenue stopped at the intersection with City Avenue. He stated he looked left and didn’t see anyone. Another vehicle stopped on the westbound City Avenue after him so he had the right of way and began to enter the intersection to make a left turn onto City Avenue at no more than 10 miles per hour. He looked left as he entered the intersection and then looked back to the right to make sure the other vehicle didn’t start to drive. When he looked left again he saw the man in the crosswalk. He saw the pedestrian in enough time to apply the brake, but he couldn’t stop and the front end of his vehicle hit the man. He came to a complete stop and he couldn’t see the pedestrian so he backed up and drove to the curb. He immediately called 911 from his cell phone.*

INFORMATION PROVIDED BY CLAIMANT:

[Insert text]. *Example: No statement was taken by the police due the claimant being unconscious as a result of his injuries sustained in the collision.*

POLICE REPORT:

[Insert text]

PHOTOGRAPHS:

[Insert text]. *Example: ABC Police Department took photos but we have not received them to date.*

OCCUPANTS – CITY VEHICLE:

[Insert text]. *Example: Driver only.*

WITNESSES:

[Insert text].Witness #1: *[Text should include witness name and statement]*

[Insert text].Witness #2: *[Text should include witness name and statement]*

[Insert additional if necessary]

INFORMATION RE. INJURIES/FATALITY:

[Insert name, date of birth, and address of injured party/decedent].

[Insert analysis]: *Example: An autopsy report was submitted with the claims and it verified the decedent died of injuries suffered in the subject accident.*

LIABILITY:

[Insert adjuster analysis]: *Example: Liability rests with the City as the police determined the City driver was the sole cause of the incident.*

COVERAGE:

[Identify coverage issues]:

WORK TO BE COMPLETED:

[Insert tasks to be completed]. *Example:*

1. *Determine the amount of the claim being presented by the attorney.*
2. *Obtain additional documentation.*
3. *Resolve liability exposure.*
4. *Provide ICRMA updated reports as the claim develops.*

CLAIM STATUS/RESERVE:

 Claim Status Reserve

1. API – [Insert name] Open $300,000

2. API – [Insert name] Open $100,000

3. APD – [Insert name] Open $30,000

[Add additional as necessary; subsequent reports should also include reserve and payment information]

KEY DATES:

Updated TPA liability analysis report due (60 days after this report): [insert date]

Attorney Initial Case Analysis due (60 days after attorney assignment): [insert date]

Budget due (60 days after attorney assignment): [insert date]

Next Status Report due (60 days after this report): [insert date]

COMMENTS:

Due to the fatality, this claim has been reported to ICRMA.

We will continue our handling as outlined above, subject to your supervision. Our reports will follow.

[Insert Adjuster Name]

[Insert TPA firm name]