

AUTO/PROPERTY CLAIM NOTICE – MEMBER TO COMPLETE

SDPAA Member: City of Deadwood
Member Address: 102 Sherman St. Deadwood
Contact Person: Jessicca Phone No: _____
Date of Loss: unknown Location of Loss: 634 Main St.

Description of Loss (What happened?): _____
City had sign hanging on a business property and
it caused damage

AUTO:

Member Vehicle: Year: _____ Make: _____ Model: _____
License Plate No: _____ VIN #: _____
Estimated Amount of Loss: _____
Member Driver: _____
Member Driver Job Title: _____
Member vehicle used with permission? ☐ Yes ☐ No
Purpose of Use: _____
Present location of Member vehicle: _____
Lien holder (if none, so indicate): _____

PROPERTY:

List a detailed description of all Member property damaged: see attached

Law Enforcement Report Filed? ☐ Yes ☒ No (Attach reports to this form)
Was any other party responsible for this loss? _____
If so, explain who and why: _____

Member Special Requests: _____

This form has been completed by:
Name (Please Print): Jessicca McKown
Address: 102 Sherman St Deadwood
Telephone No.: (605) 578-2600 Date: 7/22/22

Forward To: Claims Associates, Inc.
P O Box 1898
Sioux Falls SD 57101
Phone: 1-888-613-7064 Fax: 1-605-333-9835
SDPAAclaims@claimsassoc.com

SDPAA CLAIMANT REPORT NOTICE****TO BE COMPLETED BY INJURED/DAMAGED PARTY****

PLEASE COMPLETE ALL RELATED AREAS AND ATTACH ANY BILLS, RECEIPTS, OR ESTIMATES.
FORM MUST BE SIGNED AND DATED.

Name of Member claim being made against City of Deadwood
Name of person(s) making claim Toby L. Keehn, Mustang Sally's, Inc. Preferred phone 605-578-2025
Address 634 Main Street, Deadwood, SD 57732-1124 Other phone n/a
Date of Incident/Accident May 2022 Time of Incident/Accident unknown (a.m.) unknown (p.m.)
Location of Incident/Accident 634 Main Street, Deadwood, SD
Type of incident: (Check all that apply) ☐ Injured Person ☒ Property Damage ☐ Both ☐ Other

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INJURED PERSON Occupation _____ Employer _____
Did you see a doctor? ☐ Yes ☐ No Doctor's Name _____
Were you hospitalized? ☐ Yes ☐ No Hospital _____
Have you returned to work or school? ☐ Yes ☐ No Date of Birth: _____
Describe Incident/Accident _____

Extent of Injury _____

Why were you on the premises? _____

Name of law enforcement officer or governmental authority to whom this injury was reported: _____

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PROPERTY DAMAGE (Including Automobile) List property (age) damaged Rear corner of building located at 634 Main Street in Deadwood, SD along Broadway Alley and Wall Street. Building was built in 1939.
How was property damaged? An unknown vehicle hit a projecting sign installed by the City of Deadwood and pulled a portion of the building apart at the rear corner of the building.
Driver, if other than owner unknown
Address unknown
Preferred Phone: unknown Other Phone: unknown
Auto: Year, Make & Model unknown
VIN: unknown
Describe Incident/Accident: An unknown vehicle hit a projecting traffic control sign installed on the building by the City of Deadwood and caused damage to the masonry on the rear corner of the building.

Place where vehicle can be inspected n/a
Estimated Cost of Repair \$4,800.00 (See attached quote)

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SOUTH DAKOTA LAW REQUIRES THE FOLLOWING:

SDCL 3-21-2 Notice prerequisite to action for damages – Time limit. No action for the recovery of damages for personal injury, property damage, error or omission or death caused by a public entity or its employees may be maintained against the public entity or its employees unless written notice of the time, place and cause of the injury is given to the public entity as provided by this chapter within one hundred eighty days after injury.

SDCL 3-21-3 Persons to whom notice must be given. Notice shall be given to the following officers as applicable: In the case of a county, to the county auditor; In the case of a municipality, to the mayor or city finance officer; In the case of other public entities, to the chief executive officer or secretary of the governing board.

07/25/2022

Date


Signature of Claimant

Date

Signature of Claimant (if more than one person making claim)

Ancestor Concrete & Masonry LLC

10239 Buena Vista Lane
Belle Fourche, SD 57717
Vance Heidegger • (605) 569-2657

PROPOSAL AND ACCEPTANCE

3491

PROPOSAL SUBMITTED TO <i>City of Deadwood</i>		PHONE	DATE <i>7-22-22</i>
STREET <i>Main St</i>		JOB NAME <i>Mustang Sally's</i>	
CITY, STATE AND ZIP CODE <i>Deadwood SD 57732</i>		JOB LOCATION	
ARCHITECT	DATE OF PLANS		JOB PHONE

We hereby submit specifications and estimates for:

Stucco Repair on N.W Corner

Brick Repair Grind joints new mortar 8'x24"

Stucco Repair: Epoxy Crackin

Over lay with Synkron base #12 ounce mesh around corner

Fine Finish to match building Best AS possible.

Note: will not be perfect match.

City of Deadwood to provide paint to match color.

We propose hereby to furnish material and labor -- complete in accordance with above specifications, for the sum of:

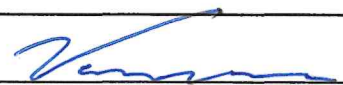
dollars (\$ *4,800.00*).

Payment to be made as follows:

Due upon Completion.

All material is guaranteed to be as specified. All work to be completed in a workman-like manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized
Signature



Note: This proposal may be
withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications
and conditions are satisfactory and are hereby accepted. You are authorized

to do the work as specified. Payment will be made as outlined above.

Date of Acceptance _____

Signature _____

Signature _____

Conducting
pulling
out.
Elec. wire
showing

