

NOTICE OF TORT CLAIM

Please complete **BOTH** pages of this form. Please print or type the responses, list a Total Amount at the bottom, and sign & date the form.

City, Town or Municipal Trust involved: _____

CLAIMANT INFORMATION

NAME: _____	GENDER: M / F _____	DATE OF BIRTH: _____
MAILING ADDRESS: _____	PHONE NO.: _____	SSN#/TaxID# _____
_____	EMAIL: _____	_____

If there are multiple claimants, list the additional claimants on the back side of this page

CLAIM INFORMATION

DATE OF INCIDENT: ___/___/___	TIME: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	LOCATION: _____
DESCRIBE INCIDENT (use additional sheets if needed): _____		

COMPENSATION REQUESTED

PROPERTY DAMAGE: Is the claim seeking compensation for loss or damage to your Property? _____ Yes _____ No
If you checked "yes", please describe the property and the damage to the property: _____

If you checked "yes", please state the Compensation requested for loss/damage to property: \$ _____
<i>Please complete the applicable sections on the backside of this form.</i>

OTHER DAMAGE: Is the claim seeking compensation <u>other than</u> for loss or damage to property? _____ Yes _____ No
If you checked "yes", please describe the type of injury or damage you sustained: _____

If you checked "yes", please state the Compensation requested <u>other than</u> for loss/damage to property: \$ _____
<i>Please complete the applicable sections on the backside of this form.</i>

TOTAL AMOUNT REQUESTED TO FULLY SETTLE THE ABOVE CLAIM(S): \$ _____

CLAIMANT SIGNATURE: _____ **DATE SUBMITTED:** _____
(Required) *(Required)*

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See Title 51 of the Oklahoma statutes, §157 for the statutory timeline applicable to tort claims. Any settlement of a tort claim is subject to the public entity's obligations under applicable State and Federal law related to child support and Medicare reporting and reimbursement.

ADDITIONAL TORT CLAIMANTS (if applicable)

NAME: _____	SOCIAL SEC. NO.: _____	
ADDRESS: _____	DATE OF BIRTH: _____	
EMAIL: _____	PHONE NO.: _____	GENDER: M / F
NAME: _____	SOCIAL SEC. NO.: _____	
ADDRESS: _____	DATE OF BIRTH: _____	
EMAIL: _____	PHONE NO.: _____	GENDER: M / F
NAME: _____	SOCIAL SEC. NO.: _____	
ADDRESS: _____	DATE OF BIRTH: _____	
EMAIL: _____	PHONE NO.: _____	GENDER: M / F

WITNESS INFORMATION (if applicable)

The following individuals may have information related to the claim, including damages requested:		
Name	Address	Phone and/or Email
_____	_____	_____
Name	Address	Phone and/or Email
_____	_____	_____

DAMAGES AND INSURANCE INFORMATION

Property Damage Claims: The following information must be submitted (if available) for property loss/damage claims:	
Copy of vehicle title (if applicable), appraisal(s), estimate(s) or repair bill(s) attached?	___ Yes ___ No
Was the property insured? ___ Yes ___ No	If "Yes", was a Claim filed with your insurer? ___ Yes ___ No
Insurance Company: _____	Policy No.: _____
Amount Claimed: \$ _____	Amount Received: \$ _____
Other Damage Claim: If medical treatment was provided, the following must be submitted (if available):	
Treatment Provider(s): _____	
Copies of all medical bills attached?	___ Yes ___ No
Was the injured claimant on the job at the time of the injury?	___ Yes ___ No
Is the injured claimant eligible for benefits through Medicare / Medicaid?	___ Medicare ___ Medicaid ___ No
Did the injured claimant have health insurance?	___ Yes ___ No
Total # of Pages of documentation attached by Claimant(s) to this Notice of Tort Claim: ___	