

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.

Submit the completed form to the City Manager's Office at City Hall, 723 S. Lewis Street; or mail it to: City of Stillwater, Attn: City Clerk, 723 S. Lewis Street, Stillwater, OK 74074.

City, Town or Municipal Trust involved: _____

CLAIMANT INFORMATION

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

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

CLAIM INFORMATION

DATE: ____/____/____ TIME: _____ () a.m. () p.m. LOCATION: _____

DESCRIBE INCIDENT (use additional sheets if needed): _____

DAMAGES / RELIEF REQUESTED

PROPERTY DAMAGE: Is the claim seeking relief 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 Relief / Damages requested for loss/damage to property: \$ _____

Please complete the applicable sections on the backside of this form.

OTHER DAMAGE: Is the claim seeking relief other than 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 Relief / Damages requested other than for loss/damage to property: \$ _____

Please complete the applicable sections on the backside of this form.

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

CLAIMANT SIGNATURE: _____ **DATE SUBMITTED:** _____

NOTICE OF TORT CLAIM

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
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Name	Address	Phone and/or Email
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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: _____