

**NOTICE OF TORT CLAIM**

Mail or deliver to: City Clerk, 175 East Second Street, Suite 260, Tulsa, OK 74103.

**IMPORTANT NOTICE:** To be valid your claim must be submitted to the City Clerk within one year from the date of the incident. It will then be sent to the City Attorney's office for investigation. Limitations to your claim may apply. (See Oklahoma Statutes Title 51, Sections 151-172.) Attach additional pages if needed to provide complete information.

CLAIMANT(S) \_\_\_\_\_ CLAIMANT(S) DRIVER LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CLAIMANT(S) DATE OF BIRTH \_\_\_\_\_ PHONE Home ( ) \_\_\_\_\_ Bus ( ) \_\_\_\_\_

INCIDENT DATE \_\_\_\_\_ TIME \_\_\_\_\_  A.M.  P.M.

LOCATION OF INCIDENT \_\_\_\_\_

DESCRIBE INCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST ALL PERSONS AND/OR PROPERTY FOR WHICH YOU ARE CLAIMING DAMAGES**

**BODILY INJURY:** WAS CLAIMANT INJURED? YES \_\_\_ NO \_\_\_ If yes, complete this section.

WERE YOU ON THE JOB AT THE TIME OF INJURY? YES \_\_\_ (Please attach name, address and phone number of employer.) NO \_\_\_

Describe injury \_\_\_\_\_

\_\_\_\_\_

NAME OF DOCTOR(S) OR HOSPITAL(S) \_\_\_\_\_

ALL MEDICAL BILLS (Attach copies) \$ \_\_\_\_\_ OTHER DAMAGES CLAIMED \$ \_\_\_\_\_

**TOTAL BODILY INJURY \$ \_\_\_\_\_**

**PROPERTY DAMAGE: NOTE: If damage is to a vehicle, a photocopy of your motor vehicle title or registration is required.**

VEHICLE DESCRIPTION \_\_\_\_\_ BODY TYPE \_\_\_\_\_ YEAR \_\_\_\_\_

IF NOT A VEHICLE, DESCRIBE PROPERTY AND LOSS \_\_\_\_\_

\_\_\_\_\_

IF PROPERTY DAMAGE IS TO YOUR HOME OR ADJOINING PROPERTY DO YOU OWN? \_\_\_ OR RENT? \_\_\_

PROPERTY DAMAGE (Attach repair bills or two estimates) \$ \_\_\_\_\_ LIST OTHER DAMAGES \$ \_\_\_\_\_

**TOTAL PROPERTY DAMAGE \$ \_\_\_\_\_**

NAME OF YOUR INSURANCE CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_ AMOUNT CLAIMED \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_

\_\_\_\_\_

**IDENTIFY ANY WITNESSES TO THE INCIDENT:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**STATE EXACT AMOUNT OF COMPENSATION YOU WOULD ACCEPT AS FULL SETTLEMENT OF THIS CLAIM**

\$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
DATE