

Tort Claim # \_\_\_\_\_  
(Office Use Only)

Department: \_\_\_\_\_  
(Office Use Only)

### NOTICE OF TORT CLAIM

TO: The City Of Edmond  
Attention: City Clerk  
P.O. Box 2970  
Edmond, OK 73083-2970

Telephone Number  
(405) 359-4607

Name of person filing claim: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Street address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

For personal injury claims: Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Explain what you believe caused the incident:

Explain how the incident occurred:

Have you attached estimates, bills, or other information to support the amount of your claim?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Amount Claimed: \_\_\_\_\_

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City of Edmond )  
County of Oklahoma ) s.s.  
State of Oklahoma )

\_\_\_\_\_ (Claimant) being duly sworn, says on their oath that the within and foregoing claim of damages is correct and that the damage actually occurred, and that the amount claimed is reasonable and that no part thereof has been previously paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

#### FOR OFFICE USE ONLY BELOW

Received by the City Clerk on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
City Clerk

Action Recommended:

Denial \_\_\_\_\_ Date

Approval \_\_\_\_\_ Date \$ \_\_\_\_\_ Amount Paid

Other

**PLEASE READ THE FOLLOWING INSTRUCTIONS ENTIRELY BEFORE  
COMPLETING THE TORT CLAIM FORM ON THE REVERSE SIDE**

1. The Tort Claim form must be completed and returned to the City of Edmond, Attention: City Clerk, P.O. Box 2970, Edmond, OK, 73083. Your claim should be presented within ninety (90) days from the date of loss. If filed after ninety (90) days but within one (1) year from the date of loss, any judgment in a lawsuit arising from the claim shall be reduced by ten percent (10%). A claim against the City must be filed within one (1) year of loss or be forever barred.
2. Your claim will be reviewed by our staff and submitted to our insurance carrier for review at the earliest possible time. You will then be advised of their decision. A claim is deemed denied if the political subdivision fails to approve it in its entirety within ninety (90) days of receipt unless the interested parties reach a settlement before the expiration of that period.
3. Proper documentation to substantiate your damages should be attached to your tort claim form if:
  - a. Personal Injury: Fully itemized medical statement and a medical report from your treating physician.
  - b. Property Damage/Personal Property: Fully itemized estimate of damage. If personal property, an inventory of each item, listing complete description including model number, brand, serial number, date of purchase, cost when purchased and replacement cost. Documentation should also be attached to support your claim.
  - c. Vehicle Damage: A minimum of two (2) estimates of repair must be submitted prior to repair.
4. The City may also request photos of your damages.
5. Your claim is not considered submitted nor proper notice given unless the attached form is properly completed or the same is submitted in letter form. Speaking to City employee or a letter without the requested criteria will not serve as proper notice.
6. The City of Edmond administers all claims pursuant to the Governmental Tort Claims Act.
7. All personal injury claims approved for payment of \$500 or more, by the City or insurance carrier, will be reported to the Oklahoma Department of Human Services, Child support division pursuant to 56 Okla. St. § 237B.