

**Risk Management Department**  
**P.O. Box 2970, Edmond, OK 73083**  
**Phone (405) 359-4624**  
**Fax (405) 359-4608**



Dear Claimant:

Please read the instructions carefully before filling the form and filing a claim against the City of Edmond. The original Tort Claim Form must be completed and returned to the ***City of Edmond, Attention: City Clerk, P.O. Box 2970, Edmond, OK, 73083***, for proper receipt of filing. A claim against the City must be filed within one (1) year of loss or be forever barred.

It is the claimant's responsibility to file his or her claim with the City Clerk's Office. Your claim will then be forwarded to our office, reviewed by our staff, and submitted to our insurance carrier for review. You will then be advised of their decision. State law provides a claim is deemed denied if a political subdivision fails to approve the claim within ninety (90) days. Although the claimant and the City may continue attempts to settle a claim, settlement negotiations do not extend the date of denial unless agreed to in writing by the claimant and the City.

Attach all supporting documentation and photos with your tort claim form. This can include, but not limited to -

Personal injuries – provide fully itemized medical statement and medical reports from your treating physician.

Property damage – include an inventory of each item, listing complete description including model number, brand, serial number, date of purchase, cost when purchased, and replacement cost.

Vehicle damage – A minimum of two (2) estimates of repair must be submitted, prior to repair for your claim to be processed.

The claimant is **required** to provide **all** the documents to support their claim. Failure to provide the complete and/or supporting documents may delay the investigation of your claim.

The City of Edmond administers all claims pursuant to the Governmental Tort Claims Act. All personal/bodily injury claims are subject to being reported to the U.S. Department of Health & Human Services' Center for Medicare and Medicaid Services pursuant to the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). All claims approved for payment of \$500 or more, by the City or the City's insurance carrier, will be reported to the Oklahoma Department of Human Services, Child Support Division pursuant to 56 Okla. St. §237B.

Every effort will be made to review your claim as expeditiously as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Mills", with a long horizontal flourish extending to the right.

Jim Mills  
Director of Risk Mgmt. Services

Emailed or Faxed Forms will not be accepted.



### NOTICE OF TORT CLAIM

#### CLAIMANT INFORMATION

Name of person filing claim (claimant): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.  P.M.

Location of incident: \_\_\_\_\_

How incident occurred: \_\_\_\_\_

\_\_\_\_\_

#### PERSONAL INJURY CLAIM

Was claimant injured?  YES  NO *(If yes, complete this section)*

Were you on the job at the time of this injury?  YES  NO *(If yes, please attach name, address, and phone number of employer)*

Are you currently receiving Social Security Disability payments?  YES  NO *(NOT Social Security Retirement)*

Claimant's Social Security Number: \_\_\_\_\_ Claimant's Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

*Please provide documentation to support all damages claimed. This includes medical costs to date and anticipated medical expenses.*

Total personal injury claimed: \$ \_\_\_\_\_

#### PROPERTY DAMAGE CLAIM

Describe property and loss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copy of repair estimates (at least two required), repair bill(s) attached?  YES  NO

Total Property damage Claimed: \$ \_\_\_\_\_

Emailed or Faxed Forms will not be accepted.



VEHICLE DAMAGE CLAIM

Vehicle year/make/model: \_\_\_\_\_ Mileage: \_\_\_\_\_

Describe vehicle damage: \_\_\_\_\_  
\_\_\_\_\_

Copy of vehicle estimates (at least two required), repair bill(s), wrecker/tow, etc. attached?  YES  NO

Is there a lien on the vehicle?  YES  NO Name of Lien Holder: \_\_\_\_\_

Total vehicle damage claimed: \$ \_\_\_\_\_

CLAIMANT INSURANCE INFORMATION

Have you reported this incident to your personal insurance?  YES  NO

Have you filed a claim with your personal insurance?  YES  NO

Do you have comprehensive coverage on your vehicle?  YES  NO

Insurance company name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Policy deductible: \$ \_\_\_\_\_

Agent name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Amount received/to be received from your personal insurance: \$ \_\_\_\_\_

**Claimant must sign form.**

The above information is true and correct to the best of my knowledge. I further state that I have made no payment, given or donated or agreed to pay, give, or donate, either directly or indirectly, to any elected official, officer, or employee of the City of Edmond, money or any other thing of value to obtain payment.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

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

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

Action Recommended:  Approval  Denial  Other

Date: \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_

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

Department: \_\_\_\_\_