

**NOTICE OF TORT CLAIM**

**OKLAHOMA MUNICIPAL ASSURANCE GROUP - MUNICIPAL LIABILITY PROTECTION PLAN**

**A. CLAIMANT REPORT**

To the City of Sapulpa, 425 E Dewey, Sapulpa OK 74066

Public entity you are filing this claim against.

**PLEASE PRINT OR TYPE AND SIGN**

**IMPORTANT NOTICE:** The filing of this form with the City Clerk's office is only the initial step in the claim process and does not indicate in any manner the acceptance of responsibility by the City or its related entities. Written notice is required by law and shall be filed with the City Clerk within one (1) year from the date of occurrence. It will then be sent to OMAG Claims Dept. for investigation. You may expect them to contact you. Failure to file within such time frame may result in the claim being barred in its entirety. Other limitations to your claim may apply (See Oklahoma Statutes Title 51, Section 151-172).

CLAIMANT(S) \_\_\_\_\_ CLAIMANT(S) SOCIAL SECURITY NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CLAIMANT(S) DATE OF BIRTH \_\_\_\_\_  
PHONE: HOME( ) \_\_\_\_\_ BUS.( ) \_\_\_\_\_

Continue on another sheet if needed  
for information requested)

- 1. DATE AND TIME OF INCIDENT \_\_\_\_\_ (( ) a.m. ( ) p.m.)
- 2. LOCATION OF INCIDENT \_\_\_\_\_
- 3. DESCRIBE INCIDENT \_\_\_\_\_

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

**BODILY INJURY:** WAS CLAIMANT INJURED? YES \_\_\_ NO \_\_\_ If yes, complete this section  
Describe injury \_\_\_\_\_  
WERE YOU ON THE JOB AT THE TIME OF INJURY? YES \_\_\_ NO \_\_\_ If so, please give name, address and phone number of company \_\_\_\_\_  
NAME OF DOCTOR OR HOSPITAL \_\_\_\_\_  
ALL MEDICAL BILLS (attach Copies) \$ \_\_\_\_\_  
LIST OTHER DAMAGES CLAIMED \$ \_\_\_\_\_  
TOTAL BODILY INJURY. . . . . \$ \_\_\_\_\_

**PROPERTY DAMAGE:** Proof that you are the owner of the vehicle or property allegedly damaged as specified in your claim will be required.  
VEHICLE NAME \_\_\_\_\_ BODY TYPE \_\_\_\_\_ YEAR \_\_\_\_\_  
**NOTE: If damage is to a vehicle, a photocopy of your motor vehicle title is required.**  
IF NOT A VEHICLE, DESCRIBE PROPERTY AND LOSS \_\_\_\_\_  
PROPERTY DAMAGE (Attach repair bills or two estimates) \$ \_\_\_\_\_  
LIST OTHER DAMAGES CLAIMED \$ \_\_\_\_\_  
TOTAL PROPERTY . . . . . \$ \_\_\_\_\_

5. NAME OF YOUR INSURANCE CO.	POLICY NO.	AMOUNT CLAIMED	AMOUNT RECEIVED
_____	_____	_____	_____

6. The names of any witnesses known to you.

Name	Address	Phone Number
_____	_____	_____
Name	Address	Phone Number

STATE THE EXACT AMOUNT OF COMPENSATION YOU WOULD ACCEPT AS FULL SETTLEMENT ON THIS CLAIM.  
TOTAL CLAIM . . . . . \$ \_\_\_\_\_

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