



# Notice of Tort Claim

County of Pittsburg

County Clerk

115 E. Carl Albert Pkwy, Room 103, McAlester, OK 74501

Phone: 918-423-6865 Fax: 918-423-7304

**IMPORTANT NOTICE:** To be valid your claim must be submitted to the clerk of the entity within one year from the date of the incident. It will then be sent to County Claims for investigation. You may expect them to contact you. Other limitations to your claim may apply. (See Oklahoma Statutes Title 51, Section § 151-172)

Claimant: \_\_\_\_\_ Claimant Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Claimant Date of Birth \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

1. Date of Incident: \_\_\_\_\_  A.M.  P.M.

2. Location of Incident: \_\_\_\_\_

3. Describe the Incident:

4. List below 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 the injury?  Yes  No If so, please give name, address and phone # 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 bill or **two estimates**): \$ \_\_\_\_\_

List other damages claimed: \$ \_\_\_\_\_

Total property damage: \$ \_\_\_\_\_

5. NAME OF YOUR INSURANCE CO. POLICY NUMBER 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 OF THIS CLAIM: \$ \_\_\_\_\_

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



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This section is for use by the entity which receives the claim

This notice of Tort Claim was received by \_\_\_\_\_

(title) \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_\_

For further information on this claim, contact \_\_\_\_\_

(title) \_\_\_\_\_, by telephone at \_\_\_\_\_

The following reports, statements or other documentation, which support our understanding of the facts relating to this claim, are attached:

Persons who have knowledge of the circumstances surrounding this claim are:

	<u>Name</u>	<u>Title/Position</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

After you have received this claim, please provide the information requested above and immediately send to:

Association of County Commissioners of Oklahoma (ACCO)  
Attn: Denny Butler  
429 N.E. 50<sup>th</sup>  
Oklahoma City, OK 73105