

# NOTICE OF TORT CLAIM

## BROKEN ARROW LIABILITY PROTECTION PLAN

**IMPORTANT NOTICE:** Submit your claim as soon as possible. To be valid, your claim must be submitted in writing to the City Clerk within one (1) year from the date of the loss. All losses must be submitted at one time, even if some are continuing. The claim will then be investigated. The City has ninety (90) days after you have filed a valid claim to investigate. Other limitations may apply to your claim. (Title 51 Oklahoma Statutes §§ 151-171.)

Claimant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Custodial Parent/Guardian (for Juvenile Claimant): \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Amount of Claim:

PERSONAL INJURY	PROPERTY DAMAGE	OTHER	TOTAL
\$	\$	\$	\$

Are the estimates, bills or documentation to support the amount of claim attached:  Yes  No

List all persons and/or property for which you are claiming injury/damage and describe the nature of injury/damage:

\_\_\_\_\_  
\_\_\_\_\_

Date, time and address/location of incident:

\_\_\_\_\_  
\_\_\_\_\_

Describe incident (Use back or second sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of City employee or department involved:

\_\_\_\_\_  
Name, address and phone number of all witnesses or other persons involved:

\_\_\_\_\_  
Describe why do you feel the City of Broken Arrow is responsible for the damage or loss?

\_\_\_\_\_  
Are there any special circumstances that we need to know to evaluate this claim?  Yes  No  
If yes, describe:

\_\_\_\_\_  
Is anyone else authorized to settle this claim?  Yes  No  
If yes, give name, address and relationship:

\_\_\_\_\_  
**THE UNDERSIGNED SWEARS THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CUSTODIAL PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**NOTICE: The City does not waive or extend time limits. If you supplement a claim, it is only for you to provide more persuasive or detailed information. Deadlines will not be extended, nor treated as a separate claim.**