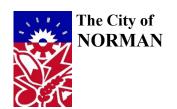
TORT CLAIM INFORMATION & FORM INSTRUCTIONS

In order to assist the Citizens of Norman in the filing of a claim against the City, the following information is supplied. Please read this information carefully before filling out the form below.

- 1. All claims must be filed with the Clerk of the City of Norman located in the Municipal Building at 201 West Gray. A claim against the City is considered barred forever if not filed within one (1) year from the date of the loss.
- 2. Claimants should take care to note that the City of Norman, Oklahoma, is not the same legal entity as Norman Regional Hospital Authority (NRHA) nor Embark (Central Oklahoma Transportation and Parking Authority). Claims relating to incidents with these entities should <u>not</u> be filed with the City, but according to the respective entity's claims process. The City <u>cannot</u> accept claims on behalf of other entities and is <u>not</u> responsible for the acts and/or omissions of its independent contractors or other governmental entities.
- 3. Receipts or estimates for requested payments must be included with your claim. The City requires <u>two</u> (2) estimates to be submitted with your claim. If your claim is ultimately approved, the City will only pay the <u>lowest estimate</u>.
- 4. If your claim involves a vehicle belonging to you, a copy of your valid title **must** accompany the claim.
- 5. After submission of your claim, it will be investigated as to liability and amount of damage on the part of the City.
- 6. The City of Norman, by law, has ninety (90) days to act upon your claim. If no action is taken by the end of the ninetieth (90th) day, your claim is considered constructively denied. No notice is made to the individual filing the claim if it is constructively denied.
- 7. It could take six to eight (6-8) weeks before a claim is processed. All claims are evaluated and reviewed by the City Attorney's Office. Claims require official approval prior to payment being issued. For those claims under \$10,000, the City Manager is authorized to approve the claim. For claims \$10,000 and above, the City Council must approve the claim at a regularly scheduled meeting, which occurs on the second and fourth Tuesdays of each month.
- 8. **NO CITY EMPLOYEE** can commit the City nor promise you that payment of your claim will be made. **ONLY** the Norman City Council or the City Manager may approve payment of your claim against the City.
- 9. If your claim is approved, the City Attorney's Office will contact you when your check is ready to be picked up. Before you can pick up your check, it will be necessary for you to provide adequate identification and sign a release.
- 10. If your claim is not approved or is constructively denied at the end of ninety (90) days, you then have 180 days to file a formal lawsuit against the City of Norman for payment of your claim. Suits filed after the 180 days are subject to dismissal by the Court.

Further information may be obtained from reading the Governmental Tort Claims Act found in Title 51 Oklahoma Statutes, Section 152. The City Attorney's Office does not represent the Claimant. This office is the legal advisor to the City Council.

If you have any questions or need assistance in the filing process, please do not hesitate to contact the Norman City Attorney's Office at (405) 217-7700 or the Norman City Clerk's Office at (405) 366-5386.



NOTICE OF TORT CLAIM

Return Completed Forms to: City Clerk's Office – Tort Claims CITY OF NORMAN, P.O. BOX 370 NORMAN, OKLAHOMA 73070

Please complete ALL pages of this form. Please print or type the responses. Failure to provide information required in this form can invalidate your claim.

CLAIMANT(S) INFORMATION

CLAIMANT(S):		Date of Birth:	
ADDRESS:		CITY:	
STATE:ZIP:	PHONE: (H)	(W)_	
EMAIL ADDRESS:		SSN/Tax ID#:	
Claimants that are joint owners of proclaim.	operty (such as co-owners of a vo	ehicle or home) must both	be included on the tort
If Claimant is not the owner of the danumber.	maged property, provide owner	's name, address, email, and	l daytime phone
	CLAIM INFORMAT	ION	
DATE OF INCIDENT:		TIME:	□a.m. □p.m.
LOCATION OF INCIDENT:	· · · · · · · · · · · · · · · · · · ·		
STATEMENT OF CIRCUMSTANC Include the name of the City departm employee was responsible, including	ent and/or employee involved. P	rovide any evidence that w	
(II 11:: 1 'C			
(Use additional pages if necessary.)			

INSURANCE INFORMATION

Have you filed a claim with your insurance company for these dar <i>If yes, submit a copy of your claim.</i>	mages? □Yes □No
Have you been, or do you expect to be, compensated for your dam	nages by your insurance company? \Box Yes \Box No
What was or will be the amount of compensation from your insura	ance company? \$
COMPENSATION RE	QUESTED
PROPERTY DAMAGE:	
Please list items damaged, the age and original cost of each item, required supporting documentation referenced below.	the amount of property loss claimed, and include a
PROPERTY DAMAGE DESCRIPTION:	AMOUNT CLAIMED:
1	\$
2	\$
3	\$
4	\$
TOTAL AMOUNT CLAIMED FOR PROPERTY DAMAGE:	\$
Required Supporting Documentation for Property Damage:	
Required Supporting Documentation for Property Damage: 1. If you are alleging damage to your vehicle: a. Copy of the vehicle title, front and back; b. Photographs of the vehicle showing the damage, including c. Copy of either actual repair bill OR two estimates for cost d. Copy of receipts or estimates showing associated expenses. 2. If you are alleging damage to your home or to real property: a. Copy of the current deed.	st of repair; AND
 If you are alleging damage to your vehicle: a. Copy of the vehicle title, front and back; b. Photographs of the vehicle showing the damage, includir c. Copy of either actual repair bill OR two estimates for cost d. Copy of receipts or estimates showing associated expens If you are alleging damage to your home or to real property: 	st of repair; AND es such as: towing, vehicle rental, etc.
 If you are alleging damage to your vehicle: a. Copy of the vehicle title, front and back; b. Photographs of the vehicle showing the damage, includir c. Copy of either actual repair bill OR two estimates for cost d. Copy of receipts or estimates showing associated expenses. If you are alleging damage to your home or to real property: a. Copy of the current deed. OTHER DAMAGE (Is the claim seeking compensation other than Please describe the type of injury or damage you sustained. You metal property. 	st of repair; AND es such as: towing, vehicle rental, etc. for loss or damage to property?): nust state the compensation requested (do not inclu
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If the City is responsible for such bills, the City must rep	port any settlement to Medicare/Medicaid.
	te requesting insurance information arrangement to accurately its mandatory reporting obligation under Medicare Secondary
Medicare/Medicaid Beneficiary Name (please print)	Medicare/Medicaid Beneficiary Name Signature
TOTAL AMOUNT OF OTHER DAMAGE CLAIMED:	: \$
b. A HIPPA compliant authorization for release of	who provided treatment since the time of the incident, AND of health information from all providers.
TOTAL AMOUNT REQUESTED TO FULLY SETT	(required)
	NED TO THE CITY CLERK'S OFFICE WITH ALL N IN ORDER TO BE PROCESSED.
I SWEAR AND/OR AFFIRM THE INFORMATION PI	ROVIDED ABOVE IS TRUE AND CORRECT.
Ō	CLAIMANT'S SIGNATURE
Ī	TI AIMANT'S SIGNATURE (if annlicable)