



Notice of Tort Claim - Claimant Report

County of Wagoner
County Clerk
307 E. Cherokee, Wagoner, OK 74467
Phone: 918-485-2216 Fax: 918-485-7718

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 the County Claims for investigation. You may expect them to contact you. Other limitations to our claim may apply. (See Oklahoma Statutes Title 51, Section § 151-172.)

Claimant: _____ Claimant Social Security No.: _____
Address: _____ City: _____ Zip: _____
Claimant Date of Birth _____ Home Phone: _____ Business Phone: _____

1. Date and Time 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 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 bills 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:

Name

Title / Position

Telephone

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)
ATT: Denny Butler
429 N.E. 50th
Oklahoma City, OK 73105