

**NOTICE OF TORT CLAIM**

Please complete **BOTH** pages of this form. Please print or type the responses, list a Total Amount at the bottom, and sign & date the form.

City, Town or Municipal Trust involved: \_\_\_\_\_

**CLAIMANT INFORMATION**

|                        |                     |                      |
|------------------------|---------------------|----------------------|
| NAME: _____            | GENDER: M / F _____ | DATE OF BIRTH: _____ |
| MAILING ADDRESS: _____ | PHONE NO.: _____    | SSN#/TaxID# _____    |
| _____                  | EMAIL: _____        | _____                |

*If there are multiple claimants, list the additional claimants on the back side of this page*

**CLAIM INFORMATION**

|  |   |                 |
|--|---|-----------------|
| DATE OF INCIDENT: ___/___/___                              | TIME: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | LOCATION: _____ |
| DESCRIBE INCIDENT (use additional sheets if needed): _____ |   |                 |
| _____  |   |                 |
| _____  |   |                 |
| _____  |   |                 |

**COMPENSATION REQUESTED**

|   |
|---|
| <b>PROPERTY DAMAGE:</b> Is the claim seeking compensation for loss or damage to your Property? _____ Yes _____ No |
| If you checked "yes", please describe the property and the damage to the property: _____                          |
| _____   |
| If you checked "yes", please state the Compensation requested for loss/damage to property: \$ _____               |
| <i>Please complete the applicable sections on the backside of this form.</i>                                      |

|   |
|---|
| <b>OTHER DAMAGE:</b> Is the claim seeking compensation <u>other than</u> for loss or damage to property? _____ Yes _____ No |
| If you checked "yes", please describe the type of injury or damage you sustained: _____                                     |
| _____   |
| If you checked "yes", please state the Compensation requested <u>other than</u> for loss/damage to property: \$ _____       |
| <i>Please complete the applicable sections on the backside of this form.</i>  |

**TOTAL AMOUNT REQUESTED TO FULLY SETTLE THE ABOVE CLAIM(S):** \$ \_\_\_\_\_

**CLAIMANT SIGNATURE:** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_  
*(Required)* *(Required)*

**NOTICE OF TORT CLAIM**

*See Title 51 of the Oklahoma statutes, §157 for the statutory timeline applicable to tort claims. Any settlement of a tort claim is subject to the public entity's obligations under applicable State and Federal law related to child support and Medicare reporting and reimbursement.*

**ADDITIONAL TORT CLAIMANTS (if applicable)**

|                |                        |               |
|----------------|------------------------|---------------|
| NAME: _____    | SOCIAL SEC. NO.: _____ |               |
| ADDRESS: _____ | DATE OF BIRTH: _____   |               |
| EMAIL: _____   | PHONE NO.: _____       | GENDER: M / F |
| NAME: _____    | SOCIAL SEC. NO.: _____ |               |
| ADDRESS: _____ | DATE OF BIRTH: _____   |               |
| EMAIL: _____   | PHONE NO.: _____       | GENDER: M / F |
| NAME: _____    | SOCIAL SEC. NO.: _____ |               |
| ADDRESS: _____ | DATE OF BIRTH: _____   |               |
| EMAIL: _____   | PHONE NO.: _____       | GENDER: M / F |

**WITNESS INFORMATION (if applicable)**

|   |         |                    |
|---|---------|--------------------|
| The following individuals may have information related to the claim, including damages requested: |         |                    |
| Name  | Address | Phone and/or Email |
| _____   | _____   | _____              |
| Name  | Address | Phone and/or Email |
| _____   | _____   | _____              |

**DAMAGES AND INSURANCE INFORMATION**

|  |   |
|--|---|
| <b>Property Damage Claims:</b> The following information must be submitted (if available) for property loss/damage claims: |   |
| Copy of vehicle title (if applicable), appraisal(s), estimate(s) or repair bill(s) attached?                               | ___ Yes ___ No  |
| Was the property insured? ___ Yes ___ No   | If "Yes", was a Claim filed with your insurer? ___ Yes ___ No |
| Insurance Company: _____   | Policy No.: _____   |
| Amount Claimed: \$ _____   | Amount Received: \$ _____                                     |
| <b>Other Damage Claim:</b> If medical treatment was provided, the following must be submitted (if available):              |   |
| Treatment Provider(s): _____   |   |
| Copies of all medical bills attached?  | ___ Yes ___ No  |
| Was the injured claimant on the job at the time of the injury?   | ___ Yes ___ No  |
| Is the injured claimant eligible for benefits through Medicare / Medicaid?   | ___ Medicare ___ Medicaid ___ No                              |
| Did the injured claimant have health insurance?  | ___ Yes ___ No  |
| <b>Total # of Pages of documentation attached by Claimant(s) to this Notice of Tort Claim:</b> _____                       |   |

# MUNICIPALITY / TRUST'S ATTACHMENT TO NOTICE OF TORT CLAIM

To be completed by City/Town/Trust staff and submitted to OMAG with the Notice of Tort Claim (or other claim document if the Notice form is not used) filed by the Claimant. Please submit the claim as soon as possible after it is received. If documentation exists but will take time to collect, please submit the claim now – the documentation can be submitted to the OMAG adjuster once it is available.

### Tort Claim Filing Information:

Tort Claim received by (Name, Job Title, Phone/Email): \_\_\_\_\_

Date Tort Claim was filed with the Clerk or Authorized Representative: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Tort Claim was received by the Municipality / Trust (if different): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Automobile Tort Claims:** if the claim alleges that a Municipal / Trust vehicle caused damage, please provide the following information about the Municipal / Trust vehicle that was involved:

Last 4 of the VIN #: \_\_\_\_\_ Was the Municipal / Trust vehicle damaged: \_\_\_\_ Yes \_\_\_\_ No

Year, Make & Model: \_\_\_\_\_ Municipal/Trust Department: \_\_\_\_\_

**Documentation:** the following documentation is helpful but is not required to submit the Tort Claim to OMAG:

\_\_\_\_ Police Report      \_\_\_\_ Accident Report      \_\_\_\_ Incident Report      \_\_\_\_ Work Order

\_\_\_\_ Video      \_\_\_\_ Recorded Call      \_\_\_\_ Witness Statement(s)      \_\_\_\_ Injury Report

Other: \_\_\_\_\_

### Person(s) with knowledge of the circumstances surrounding this claim

\_\_\_\_\_  
Name                                  Job Title/Position                                  Phone                                  Email

\_\_\_\_\_  
Name                                  Job Title/Position                                  Phone                                  Email

\_\_\_\_\_  
Name                                  Job Title/Position                                  Phone                                  Email

\_\_\_\_\_  
Name                                  Job Title/Position                                  Phone                                  Email

Submitted by: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Required)

(Required)

**\*\*IMPORTANT\*\***  
  
Liability Claims from Third Parties  
**CANNOT**, by law, be accepted directly  
by OMAG. Municipal Clerks must file  
the appropriate documentation.

Email: [Claims@omag.org](mailto:Claims@omag.org)  
Website: [www.omag.org/view-information-on-claims](http://www.omag.org/view-information-on-claims)  
Member Portal: [www.omag.org/origami](http://www.omag.org/origami)  
Fax: 405.657.1401  
Mail: 3650 S. Boulevard  
Edmond, OK 73013

An OMAG adjuster is assigned to each claim. Information about pending or recent claims is available on your Member Dashboard ([www.omag.org/origami](http://www.omag.org/origami)) or by contacting us 405.657.1400 or [Claims@omag.org](mailto:Claims@omag.org).

## MUNICIPALITY / TRUST'S ATTACHMENT TO NOTICE OF TORT CLAIM

### Frequently Asked Questions

*Can I refuse to accept a Tort Claim if the person does not use the Notice or does not fully complete the Notice?*

No. A tort claim has to be submitted in writing, but a person has no obligation to use any particular form in submitting a tort claim or to fully complete a form that is provided by the public entity. If the document the person submitted is not legally sufficient, OMAG will communicate that to the claimant.

Whether or not the Notice of Tort Claim form is used, you should complete the Municipality / Trust's Attachment form and submit that form with the claim to OMAG.

*Should I wait to send OMAG the Notice of Tort Claim until I gather statements and documentation?*

No. A tort claim should be sent to OMAG as soon as possible after it is received. If records related to the claim can easily be gathered on the day that the claim is filed, then they can be submitted to OMAG with the claim. But if it will take more than a day to gather those records, please submit the claim right away. The records can then be submitted after they are gathered.

*Why does OMAG ask for the date the Clerk/Representative received the Notice separately from the date the City, Town or Trust received the Notice?*

In most cases, the Clerk (or their authorized representative) is the first person to receive a written tort claim. In those cases, OMAG only needs one date on the form. Sometimes a claim is received by someone else at the City and is given to the Clerk's office later. For legal reasons, OMAG needs to know the date that the claim was first received by *anyone* at the City as well as the date the claim was received by the Clerk's office.

*If OMAG Recommends Denial on a Tort Claim, should I (or do I have to) put it on the next Agenda for a formal denial?*

No. Tort claims are denied by statute 90 days after they are filed. You have no obligation to take any formal action to deny a tort claim, and **OMAG does not ask that our members formally deny tort claims.** OMAG sends denial recommendations solely to communicate our conclusions to the Member and claimant. If your City/Town/Trust wants to formally deny a tort claim, please contact the OMAG adjuster assigned to the tort claim to discuss the mandatory, statutory process that must be followed.

*Why does the Notice list Property and Other Damages separately?*

Because the Tort Claims Act distinguishes between claims for property damage from claims for all other (non-property) damages, the Oklahoma Supreme Court has suggested that tort claim forms provided by public entities to claimants should contain separate sections for claimants to indicate if they are seeking property damages, other (non-property) damages or both.

*Why are Claimants asked to provide their Social Security Number, Date of Birth and/or Gender?*

OMAG is subject to certain legal obligations related to IRS reporting, satisfying delinquent child support obligations, and complying with the Medicare Secondary Payer Act. This information is needed to comply with those legal obligations.