

TORT CLAIM NOTICE

1. Name of Claimant: _____
2. Address of Claimant: _____
3. Phone Number of Claimant: (____) _____
4. Date and Time of Loss: _____
5. Location of Loss: _____
6. Description of Circumstances Bringing About Loss: _____
- (attach narrative if more space is needed)
7. Extent of Loss Being Claimed: _____
8. Names of all Persons Involved Including Witnesses: _____
9. Amount of Damages Being Claimed: _____
10. Residence of Person Making Claim at Time of Loss: _____
11. Residence of Person Making Claim Currently: _____

Signature _____

Date _____

Tort Notice must be filed with the governing body of the political subdivision within 180 days after the loss occurs as well as with the Indiana political subdivision risk management commission. This notice must be delivered in person or by certified mail.

****Attach copies of medical bills, accident reports, vehicle registration, photographs, two estimates of repair, or receipts for repairs to your property, and any additional documentation in reference to this matter.****