NOTICE OF TORT CLAIM

TO: [Name of Government Agency/Entity]
[Department Name]
[Street Address]
[City, State, Zip Code]

FROM (Claimant):
[Your Full Legal Name]
[Your Street Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

DATE: [Current Date]

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1. CLAIMANT INFORMATION
Full Name: [Your Full Name]
Date of Birth: [MM/DD/YYYY]
Social Security Number (if required by local statute): [SSN]

2. INCIDENT DETAILS
Date of Incident: [Date]
Time of Incident: [Time]
Location of Incident: [Specific Location/Address/Intersection]

3. DESCRIPTION OF OCCURRENCE
[Provide a concise statement of the facts describing how the injury occurred and why the public entity or employee is responsible.]

4. DESCRIPTION OF INJURIES AND DAMAGES
[List all physical injuries, emotional distress, and any property damage sustained.]

5. MEDICAL TREATMENT
[List hospitals, doctors, or clinics visited as a result of the incident.]

6. AMOUNT OF CLAIM
Medical Expenses to Date: $[Amount]
Estimated Future Medical Expenses: $[Amount]
Lost Wages: $[Amount]
Other Damages: $[Amount]
Total Amount Claimed: $[Total Amount]

7. WITNESSES
[List names and contact information of any witnesses, if known.]

8. SIGNATURE

_____
[Your Signature]

_____
[Date Signed]