NOTICE OF TORT CLAIM

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

1. CLAIMANT INFORMATION

Name: [Full Name of Claimant]
Address: [Current Address]
Phone Number: [Phone Number]

2. DATE AND TIME OF INCIDENT

Date: [Date of Injury]
Time: [Time of Injury]

3. LOCATION OF INCIDENT

[Describe specific location, e.g., Address, Room Number, or specific Landmark/Aisle]

4. DESCRIPTION OF INCIDENT

[Provide a detailed description of how the injury occurred and the nature of the hazardous condition, e.g., wet floor, broken stair, uneven pavement.]

5. BASIS OF LIABILITY

[Explain why the entity is responsible, e.g., failure to maintain premises, failure to warn of danger, or negligence of employees.]

6. DESCRIPTION OF INJURIES AND DAMAGES

[List physical injuries sustained, medical treatments received to date, and any property damage.]

7. AMOUNT OF CLAIM

Total Amount Claimed: $[Dollar Amount]

8. WITNESSES

[Name and contact information for any witnesses, if applicable.]

Sincerely,

_____

[Claimant Signature]
[Date Signed]