

CLAIM FORM

FAXED CLAIM FORMS WILL NOT BE ACCEPTED

Creek County Clerk's Office
317 E. Lee, Ste. 100
Sapulpa, OK 74066

PLEASE TYPE OR PRINT IN INK.

CLAIMANT'S INFORMATION: (Each person making a claim must file a separate claim)

Last Name _____ First Name _____ MI _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Daytime Phone _____ Email _____

Date and time of damage _____ at _____ am/pm
month day year time

Address where damage occurred _____

If Claimant is not the owner of the damaged property, provide owner's name, address and daytime phone number. _____

CLAIMANT IS REQUIRED TO PROVIDE ALL DOCUMENTS TO SUPPORT HIS/HER CLAIM. FAILURE TO PROVIDE COMPLETE INFORMATION AND/OR SUPPORTING DOCUMENTS MAY DELAY INVESTIGATION OF YOUR CLAIM.

Give a brief description of what happened. Include the name of the County Department and/or employee involved, and a complete description of the County vehicle or property alleged to be involved in the incident. Provide any evidence that will prove the County or a County employee was responsible. If additional space is required, attach additional sheets. You must provide photographs of the damage(s) to support your claim. Furthermore, if you are alleging damages because of a pothole or other street defect you MUST provide pictures of the alleged pothole/defect with a detailed location description. We cannot return documentation or photographs or make copies for you. Please keep copies of any documents you send.

INSURANCE INFORMATION:

Are you currently receiving Medicare? ___ Yes ___ No. *If yes, list Medicare/Medicaid insurance information on page 2.*

Have you filed a claim with your insurance company for these damages? ___ Yes ___ No.

If yes, submit a copy of your claim.

Have you been, or do you expect to be, compensated for your damages by your insurance company?

___ Yes ___ No.

What was or will be the amount of compensation from your insurance company? \$

List the name of your insurance company, the policy number, and the agent's name, address and phone number.

(IF ADDITIONAL SPACE IS REQUIRED TO DESCRIBE DAMAGES, ATTACH ADDITIONAL SHEET(S) TO FORM)

PERSONAL PROPERTY DAMAGE (other than vehicle):

List items damaged. List each item damaged, age of item and original cost. Also list costs to repair or replace the items. If damage is to your home, attach copy of deed. Attach receipts or estimates to verify the amounts claimed and photographs of damaged property.

	Amount Claimed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED \$ _____	

PERSONAL INJURY:

List bodily injuries, cost of medical treatment to date, and anticipated medical cost. Provide documentation to support all damages claimed. Were you on the job at the time of the injury? ___ Yes ___ No. If so, what is the name of your employer? _____

	Amount Claimed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
TOTAL AMOUNT CLAIMED \$ _____	

Has any medical bill been paid or will be paid by Medicare/Medicaid? ___ Yes ___ No. If so, list Medicare/Medicaid number _____

SS# _____ Date of Birth _____ Gender _____

If the County is responsible for such bills, the County must report any settlement to Medicare/Medicaid. I understand that the information requested is to assist the requesting insurance information arrangement to accurately coordinate benefits with Medicare/Medicaid and to meet its mandatory reporting obligation under Medicare Secondary Payer Act 42 U.S.C§1395y

Medicare/Medicaid Beneficiary Name (please print) Medicare/Medicaid Beneficiary Name Signature

VEHICLE DAMAGE: (A copy of your vehicle title, front and back, is required)

List vehicle damage. ACTUAL REPAIR BILLS OR AT LEAST TWO ESTIMATES OF THE COST FOR ALL REPAIRS MUST BE SUBMITTED) List other damages claimed (tires, wrecker, vehicle rental, storage, etc.) List each item damaged, age of item, and original cost.

Attach receipts or estimates to verify the amounts claimed and provide photographs of vehicle damage.

	Amount Claimed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED \$ _____	

Claimant must sign form

The above information is true and correct to the best of my knowledge. I further state that I have made no payment, given or donated or agreed to pay, give, or donate, either directly or indirectly, to any elected official, officer, or employee of Creek County, Oklahoma, money or any other thing of value to obtain payment.

Signature of Claimant

Date