

STATE OF OKLAHOMA
DEPARTMENT OF CENTRAL SERVICES - RISK MANAGEMENT DIVISION
P. O. BOX 53364 OKLAHOMA CITY OK 73152
(405) 521-4999 FAX: (405) 522-4442
EACH PERSON MAKING A CLAIM MUST FILE A SEPARATE CLAIM

Please print or type

AGENCY: GRAND RIVER DAM AUTHORITY

CLAIM NO: _____

CLAIMANTS NAME _____ PHONE NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF INCIDENT _____ TIME _____ AM _____ PM _____ COUNTY _____

CITY - STREET - HIGHWAY WHERE DAMAGE OCCURRED

PERSONAL INJURY WAS CLAIMANT INJURED? YES _____ NO _____ If yes, complete this section: _____

NAME and ADDRESS OF DOCTOR OR HOSPITAL _____

ALL MEDICAL BILLS (ATTACH COPIES) \$ _____

OTHER EXPENSES \$ _____

TOTAL PERSONAL INJURY \$ _____

VEHICLE DAMAGE MAKE _____ MODEL _____ YEAR _____

Photocopy of your vehicle title or registration showing that you are the owner of the vehicle or property allegedly damaged as specified in your claim.

Vehicle Damage (Attach repair bills or two estimates) \$ _____

List Other damages \$ _____

(Wrecker, Vehicle Rental, Storage)

TOTAL VEHICLE DAMAGES \$ _____

NAME OF MOTOR VEHICLE INSURANCE COMPANY _____

POLICY NUMBER _____ AGENT _____

AMOUNT OF CLAIM \$ _____ AMOUNT RECEIVED \$ _____

PERSONAL PROPERTY DAMAGE (i. e. house) Attach documents showing proof of ownership or legal description.

LIST PROPERTY DAMAGED: _____

TOTAL PERSONAL PROPERTY DAMAGE \$ _____

SHOW ANY EVIDENCE THAT THE STATE, A STATE AGENCY, OR A STATE EMPLOYEE WAS NEGLIGENT:

NAMED OF THE STATE AGENCY/AND OR EMPLOYEE ALLEGED TO BE INVOLVED:

EMPLOYEE NAME _____ AGENCY _____

NAME AND ADDRESS OF ANY WITNESS KNOWN TO YOU:

NAME: _____ ADDRESS _____ PHONE NO _____

TOTAL CLAIM: \$ _____

COMMENTS: _____

“WARNING”

IT IS A FELONY TO MAKE OR PRESENT A FALSE, FICTITIOUS OR FRAUDULENT CLAIM FOR PAYMENT OF PUBLIC FUNDS. THE STATE OF OKLAHOMA WILL PROSECUTE AND CONVICTION MAY RESULT IN CRIMINAL PENALTIES.
(21 O.S. 358, 359)

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

COMPLETED BY _____ DATE _____

PRINTED NAME _____

SOCIAL SECURITY NO. or FEDERAL I.D. NO. _____

THIS FORM MUST BE PRINTED AND A COPY SUBMITTED BY YOU TO THE OKLAHOMA DEPARTMENT OF CENTRAL SERVICES VIA US MAIL OR FAX; SUBMIT A COPY TO GOODELL, STRATTON, EDMONDS & PALMER, LLP, BY EMAIL OR REGULAR MAIL.

GSEP F0003 11/09