



NOTICE OF TORT CLAIM

Anyone with a claim for personal injury or property damage against Morgan County, Indiana must comply with I.C. 34-13-3.

We recommend using this form. You must provide all information requested below. If applicable, include copies of any accident/incident report, vehicle registration, paid receipts for repair or two estimates for repair, medical records or bills, photographs, and any additional documentation about the claim. Under I.C. 34-13-3-12, the claim must be delivered in person or by registered or certified mail to:

Morgan County Board of Commissioners
180 S Main Street Suite 112
Martinsville, IN 46151

CLAIMANT INFORMATION

Name: _____

Home Telephone: _____ Cellular Telephone: _____

Address at time of loss: (number and street, city, state, and ZIP code): _____

Current Address (if different from above): _____

LOSS INFORMATION

Date of loss: _____ Time of loss: _____ am/pm

Amount of damages being claimed: \$ _____

Location of loss: _____

County Agency Involved (if known): _____

Description of circumstances surrounding loss and extent of loss (use additional sheets if necessary): _____

Names and contact information of all persons involved including witnesses (if known): _____

Signature: _____ Date: _____