



State of North Carolina

Department of Justice

P. O. Box 629

RALEIGH

27602

STATEMENT OF CLAIMANT

This form is designed to assist you in making a claim against the State of North Carolina for damages or injuries which you believe to have been the result of negligence on the part of a State employee. Upon completion of this statement, please return it to the office from which it was received. Following an investigation by the Department of Justice you will be contacted and notified as to whether the State will voluntarily assume liability of your claim.

- 1. Your Name:
2. Your Address:
3. Telephone: Business: Home:
4. Date of Accident: Time: Place:

Under the laws of the State of North Carolina, before any liability can be placed upon the State, the person who has been damaged or injured must be able to name a specific State employee who was the direct cause of the accident. If a specific employee is not named the claim cannot be paid under any circumstances. Under the provisions of the laws of North Carolina, it is not sufficient that you can name a supervisor or foreman when the accident was caused by some other employee. It is also necessary that you describe exactly how you feel the State employee was negligent.

- 5. State agency involved:
6. State employee you consider negligent:

Address:

- 7. Explain in your own words how you were injured or damaged and in what way you believe the State employee named above was negligent:

Multiple horizontal lines for providing a detailed explanation of the injury or damage.

8. Amount of damages: _____

These damages consist of the following: _____

9. Injuries:

NAME

ADDRESS

10. Nature of injuries: _____

11. Doctor(s): _____

Hospital(s): _____

Dates of Treatment: _____

12. If there were any witnesses to the accident, please list their names below and their addresses:

NAME

ADDRESS

13. Investigating Officer: _____

Department: _____

DATE OF REPORT: _____

SIGNATURE: _____

*COMPLETED TORT FORMS SHOULD BE RETURNED TO WCU SAFETY & RISK MGT BY FAX AT (828)227-7198 OR MAILED TO 3476 OLD CULLOWHEE RD CULLOWHEE, NC 28723. CONTACT THE SAFETY & RISK MGT OFFICE AT (828)227-7443 WITH ANY QUESTIONS.