

The University of North Carolina at Pembroke
Tort Claim

This form is designed to assist you in making a claim against the University of North Carolina at Pembroke for damages for injuries which you believe to have been the result of negligence on the part of a UNCP employee. Upon completion of this statement, please return it to the Office of General Counsel. Following an investigation by the General Counsel, you will be contacted by the North Carolina Attorney General's office as to whether the university is liable for your claim.

1. Your Name: _____
2. Your Address: _____
3. City: _____ State: _____ Zip: _____
4. Social Security Number: _____
5. Telephone Home: _____ Cell: _____
6. Date of Incident: _____ Time: _____
7. Place of Incident: _____

Under the laws of the State of North Carolina, before any liability can be placed upon the State, the person who has sustained damage or has been injured must be able to name a specific State employee who was the direct cause of the damage or injury. 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.

8. State agency involved: _____

9. State employee you consider negligent: _____

10. Explain in your own words how you were injured or damaged and in what way you believe the University employee named above was negligent. _____

If the claim you are presenting involves a motor vehicle, please complete the following section:

11. Your Vehicle:

Make: _____ Model: _____ Year: _____

License Number: _____ State: _____

Driver: _____ Age: _____

Owner of Vehicle: _____

Your Insurance Company & Policy Number: _____

Speed of Vehicle at the time of the accident: _____

Has the vehicle been repaired: Yes No

If the vehicle has been repaired, state:

Place where it was repaired: _____

Cost of repair: _____

Have the repairs been paid for: Yes No

If the repairs were paid for, who paid for them: _____

(Enclose copy of receipt)

If repairs have not been made, enclose two estimates.

12. State Vehicle:

Agency: UNCP Operator: _____

Model: _____ License No.: _____ Year: _____

Speed of Vehicles: _____ If state vehicle was truck, state: Was it loaded? _____

With what: _____

How high was it loaded: _____ Was it covered: _____

13. If the state vehicle involved was a school bus, please complete the following section:

County: _____ Driver: _____

Address: _____

Age: _____ Sex: _____

Experience: _____

Bus Number: _____ License No: _____ Make: _____

Number of students on the bus: _____ Estimated Speed: _____

Amount of damages: _____

The damages consist of the following: _____

14. Injuries:

<u>TYPE of INJURY</u>

15. Doctor(s): _____

16. Hospital(s): _____

17. Date of Treatment: _____

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

<u>NAME</u>	<u>ADDRESS</u>

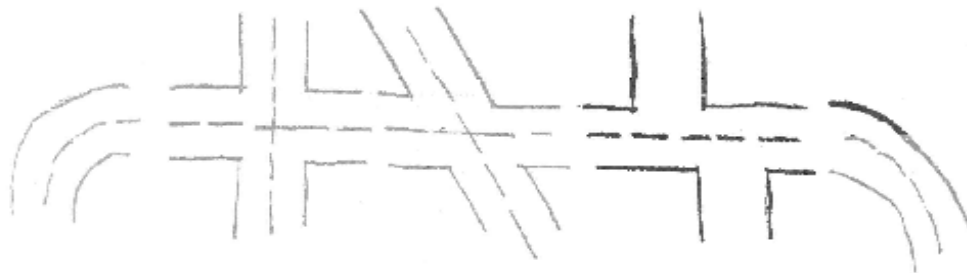
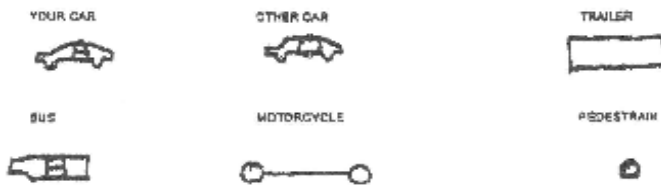
19. Investigating Officer: _____

20. Department: _____

21. SHOW HOW ACCIDENT OCCURRED BY USING ONE OF THESE DIAGRAMS
IMPORTANT: Please fill in diagram showing position of automobile and injured person (or other vehicle with which insured's automobile collided) with direction in which both were proceeding.

17. SHOW HOW ACCIDENT OCCURRED BY USING ONE OF THESE DIAGRAMS:

IMPORTANT: Please fill in diagram showing position of automobile and injured person (or other vehicle with which insured's automobile collided) with direction in which both were proceeding.



Date of report: _____ 19__

(Signature of Person making report)