

CITY OF CHARLESTON
TORT CLAIM FORM FILING INSTRUCTIONS

To insure proper filing of Tort Claim Forms, please follow the below instructions. Original Tort Claim Forms must be submitted to the Clerk of Council pursuant to these instructions. **Neither emails nor faxes are acceptable forms of submission.**

1. Any claimant seeking to make a claim against the City of Charleston must submit the **original signed and notarized** "Tort Claim Form" to the:

Clerk of Council
80 Broad Street
Charleston, South Carolina 29401

2. All Tort Claim Forms must be fully completed, signed, and notarized. Failure to do so may result in your claim being returned. If a particular question is inapplicable, claimant must indicate such inapplicability by placing "N/A" in the space provided.
3. Tort Claim Forms must give the exact street location of the incident along with a detailed description of what allegedly occurred. When possible, photographs and a diagram of the exact location (with landmarks) of the incident should be included. Also, provide the name or names of any person employed by the City that you spoke with at the time of the incident. **If you do not list a specific street address your claim form will be returned.**
4. If claiming personal bodily injury, provide a summary of medical expenses along with copies of bills.
5. If claiming property damage, two (2) repair estimates are required to be submitted with the tort claim form. Damages incurred, if repaired, will be repaired at the lowest estimate and the original bill/receipt be submitted with the claim form. Submittal of the bill for damages does not constitute an admission of legal liability on the part of the City or any of its departments. Claimants who dispose of damaged property or have repairs done, do so at their own risk.
6. Any public record report filed with a City department (such as police reports) are required to be submitted with the tort claim form.
7. Claimants should pursue redress in other arenas for the following claims, as the City will not review or approve the same through the procedures established herein:
 - a. Damages or other losses resulting from vehicle tows;
 - b. Claims due to a defect on the state or county highways or other property the maintenance of which, by law or contract, is not the City's responsibility;
 - c. Claims involving Acts of God (hurricane, tornadoes, floods, etc.);
 - d. Claims previously submitted and denied; and,
 - e. Claims for damage caused by infrastructure owned and/or maintained by SCDOT, Charleston Water System, AT&T, SCE&G, and other utilities.

City of Charleston Legal Department 843-724-3730

**CITY OF CHARLESTON
TORT CLAIM FORM**

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBERS: _____

CLAIM IS HEREBY MADE AGAINST THE CITY OF CHARLESTON FOR THE FOLLOWING:

EXACT STREET ADDRESS OF OCCURRENCE: _____

PERSONAL BODILY INJURY

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

DESCRIBE CAUSE OF INJURY: _____

Use reverse side for additional space)

AMOUNT CLAIMED: _____ (Summary of medical bills/expenses – provide bill, receipts)

WAS A POLICE REPORT FILED? No Yes (If yes, please attach a copy of the police report)

WAS THE INCIDENT REPORTED TO ANOTHER CITY DEPARTMENT? No Yes
(If yes, who was it reported to and when?) _____

WERE PHOTOGRAPHS TAKEN? No Yes (If yes, please attach photographs)

PROPERTY DAMAGE

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

DESCRIBE CAUSE OF DAMAGE: _____

(Use reverse side for additional space)

AMOUNT CLAIMED: _____ (Enclose 2 estimates and any bills for consideration)

WAS A POLICE REPORT FILED? No Yes (If yes, please attach a copy of the police report)

WAS THE INCIDENT REPORTED TO ANOTHER CITY DEPARTMENT? No Yes
(If yes, who was it reported to and when?) _____

WERE PHOTOGRAPHS TAKEN? No Yes (If yes, please attach photographs)

IS THIS THE ONLY CLAIM YOU HAVE EVER SUBMITTED TO THE CITY? No Yes
If “no”, list all other claims you have submitted, including for each claim the date of the submittal, the type of claim, the amount of the claim, and the final disposition of the claim. _____

This Claim must be notarized before submission to the Clerk of Council's Office.

STATE OF _____)

AFFIDAVIT

COUNTY OF _____)

Personally appeared before me the claimant, _____, who upon oath says the above is truthful and accurate information and that attached hereto in support of this claim against the City of Charleston for the property damage. I understand that I have an obligation to inform the City of any insurance payments made to me or to any vendor on my behalf for this incident.

SWORN TO before me this _____ day of _____ 20 _____

NOTARY PUBLIC

My Commission Expires: _____

Signature of Claimant

NOTE: The acceptance of this Claim Form does not constitute an admission of legal liability on the part of the City nor any of its departments. The Original Tort Claim Form must be submitted.