



TORT NOTICE OF CLAIM

PERSONAL INJURY OR PRIVATE PROPERTY DAMAGE

ROUTING
EHS&RM
MSC 3578
ehs@nmsu.edu
Phone 646-3327

This notice should be completed for personal injury or private property damage and completed as soon as practical after the occurrence, to enable NMSU to preserve relevant evidence. Pursuant to state law, claims must be presented within ninety (90) days of the occurrence giving rise to the claim. Please submit completed form to NMSU EHS & RM.

***41-4-16. Notice of Claims.**

A. Every person who claims damages from the state or any local public body under the Tort Claims Act {41-4-1 to 41-4-27 NMSA 1978} shall cause to be presented to the Risk Management Division for claims against the state, the mayor of the municipality for claims against the municipality, the superintendent of the school district for claims against the school district, the county clerk of a county for claims against the county, or to the administrative head of any other local public body for claims such local public body, within ninety days after an occurrence giving rise to a claim for which immunity has been waived under Tort Claims Act, a written notice stating the time, place and circumstances of the loss or injury.

SECTION 1: CLAIMANT INFORMATION

*Full Name: _____ *Phone: _____

*Address: _____ E-mail address: _____

SECTION 2: INCIDENT DETAILS

*Date of Incident (mm/dd/yyyy): _____ *Time of Incident: _____ AM PM

Campus: _____ *Exact location where Incident occurred: _____

WITNESSES:

Name Address Phone Number

Name Address Phone Number

*What are you making claim for (please check one):

Bodily injury

Property damage

***DESCRIPTION OF INCIDENT:** Explain the incident and who was involved (**Attach police reports and/or supporting documentation**).

***DESCRIPTION OF INJURY/DAMAGE:**

Describe the injury or damage sustained (**Attach copies of all medical reports, bills, and/or estimates of repairs**).

*Describe why you feel NMSU is at fault:

What remedy are you seeking from this claim?

SECTION 3: CLAIMANT SIGNATURE (All statements made on this form are true and correct to the best of my knowledge)

Printed Name: _____ Signature: _____

Date: _____

Return completed form to:

Environmental Health Safety & Risk Management
New Mexico State University
P.O. Box 30001/MSU 3578
Las Cruces, NM 88003-8001
ehs@nmsu.edu

(*) State of NM required information

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Last revised 12/15/2017