Tort Claim Form

Date ____________________________  No. _______________

Person Making Claim:

Claim is hereby made against ____________________________________________________
for damage resulting from occurrence.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location of Occurrence</th>
<th>Amount Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Address</td>
<td>$ (Attach supporting bills, estimates, other documents)</td>
</tr>
<tr>
<td></td>
<td>County</td>
<td></td>
</tr>
</tbody>
</table>

The cause of damage or injury was as follows: __________________________________________

Reason you feel governmental agency is legally liable: ____________________________

______________________________________________________________________________

STATE OF SOUTH CAROLINA)
COUNTY OF _______________ ) AFFIDAVIT

Personally appeared before me __________________________ who, upon oath, says that the above claim is true, just, and that no part has been paid.

SWORN TO before me this ______ day of __________________________

_____________________________  ________________  Claimant

_____________________________  __________________________  Address

Notary Public

Commission expires __________________________  Phone ________________

NOTE: The acceptance of this claim form does not constitute an admission of legal liability on the part of the State or any of its subdivisions or agencies.