

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Katelyn P. O'Neal DATE: 5-15-20  
ADDRESS: 644 sedona Dr. CITY: Norman  
STATE: OK ZIP: 73071 PHONE: (H) 4058307462 (W) \_\_\_\_\_  
DATE OF INCIDENT: 5/13/2020  
LOCATION OF INCIDENT: Classen and Boyd

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

I was driving west down Boyd street; I was in the right lane, he was in the left lane. He turned right and hit me.

Sanitation

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Wrecker</u>	<u>144.75</u>	<u>\$ Service King</u>	<u>4,706.13</u>	<u>\$</u>
<u>Collision Works</u>	<u>\$6,665.31</u>	<u>Leon Pierce</u>	<u>\$8,348.95</u>	<u>\$</u>
	<u>\$</u>		<u>\$</u>	

TOTAL AMOUNT CLAIMED: \$4,850.88 = Lowest Bid plus tow

NAME AND ADDRESS OF INSURANCE COMPANY: USAA

Policy #044169956671018 AGENT: 1-800-531-8722

THIS FORM MUST BE SIGNED AND RETURNED WITH ALL REQUESTED INFORMATION IN ORDER TO BE PROCESSED

I SWEAR AND/OR AFFIRM THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

044169956671018

Katelyn O'Neal  
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 5/15/20