

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Samantha Lovelady/Thomas Davis DATE: 6/2/2020
ADDRESS: 7109 SW 19th St #24201 CITY Moore
STATE: OK ZIP: 73160 PHONE: (H) 580-678-3352 (W) 405-321-6402
DATE OF INCIDENT: 1/2/2020
LOCATION OF INCIDENT: Classen Blvd / Alameda St.

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

I was hit by a firetruck that entered my lane as I was departing the intersection of Classen & Alameda. See attached police report.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

E.R. Bill \$ 2,330.50 \$ _____

E.R. Bill \$ 276.51 \$ _____

Vehicle Repairs \$ 7,420.96 \$ _____

TOTAL AMOUNT CLAIMED: \$ 10,027.97

NAME AND ADDRESS OF INSURANCE COMPANY: Geico - 2280 N Greenville Ave Richardson, TX 75082

AGENT: N/A

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.

S. Lovelady
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 6/4/20