

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

d/b/a NMD Holdings LLC
Norman Mitsubishi

NOTICE OF TORT CLAIM

CLAIMANT: BRANDON KOENIG (Mitsubishi employee) DATE: 7/25/2017

ADDRESS: 2505 W. MAIN ST CITY NORMAN

STATE: OK ZIP: 73069 PHONE: (H) N/A (W) 405 519 6381

DATE OF INCIDENT: 6/4/2017

LOCATION OF INCIDENT: JIMMY'S EGG (Norman) PARKING LOT

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

TRUCK WAS PARKED AT JIMMYS EGG NEXT TO OUR DEALERSHIP, A CITY WORKER BACKED INTO THE PASSENGER REAR OF OUR TRUCK WITH A CITY VEHICLE. THE CITY WORKERS HAD A MANAGER COME TO THE SCENE. THEY GAVE US BUSINESS CARDS + THIS FORM. WE WERE ASKED TO SUPPLY 3 ESTIMATES FOR REPAIRS.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>MILWON'S BODY</u>	<u>\$ 3589.51</u>	<u>\$</u>
<u>ECL BODY</u>	<u>\$ 3495.07</u>	<u>\$</u>
<u>JOHNSON'S COLL.</u>	<u>\$ 3431.14</u>	<u>\$</u>

TOTAL AMOUNT CLAIMED: \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: _____

AGENT: _____

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

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

ECL IS OUR BODYSHOP OR CHOICE, AND WILL BE USED FOR REPAIRS.

Brandon Koenig
CLAIMANT'S SIGNATURE

ANDY ELLIOT - G.M.
(918) 210-0254