

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

5960289  
15-0815-4

NOTICE OF TORT CLAIM

CLAIMANT: OG&E DATE: 09-17-2019  
ADDRESS: 720 W Sheridan CITY OKC  
STATE: OK ZIP: 73102 PHONE: (H) \_\_\_\_\_ (W) 800-321-4158  
DATE OF INCIDENT: 04-26-2019

LOCATION OF INCIDENT: 3901 Checotah Ave

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

A City of Norman vehicle hit a utility pole causing to OG&E facilities.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Cable</u>	\$	<u>8805.00</u>	\$	_____
_____	\$	_____	\$	_____
_____	\$	_____	\$	_____

TOTAL AMOUNT CLAIMED: \$ 8805

NAME AND ADDRESS OF INSURANCE COMPANY: Self AGENT: \_\_\_\_\_

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.

[Signature]  
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 9/23/19

**\*\*\*\*\*NOTICE OF CLAIM\*\*\*\*\***

Date: 09-17-2019

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

To: CITY OF NORMAN  
CITY CLERK  
PO BOX 370  
201 WEST GRAY  
NORMAN, OK 73070

CERTIFIED MAIL# 92148901066154000142547278

RE: Damage to OGE Property

OGE Claim Num: 8960289  
Damage/Discovery Date: 04-26-2019  
Damage Location: 3901 CHAUTAUQUA AVE, NORMAN, OK  
Damage County: CLEVELAND  
Damage Amount: \$ 8,805.00

Dear Sir/Madam:

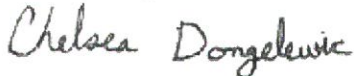
Please be advised that **OGE** Facilities sustained damage as a result of the negligent acts or omissions by employees or agents of CITY OF NORMAN .

Investigation has revealed that on or about 04-26-2019 employees or agents of CITY OF NORMAN, A CITY OF NORMAN VEHICLE HIT A UTILITY POLE CAUSING DAMAGE TO OGE FACILITIES in the area of 3901 CHAUTAUQUA AVE, NORMAN, OK.

**REQUEST FOR GOVERNMENTAL NOTICE FORM**

If your Governmental Entity requires the completion of its own form to complete proper notice, please forward a copy to the address listed above. Every good faith effort has been made to identify the proper office and address to perfect our notice. Please forward to your attorney, if misdirected, to contact us. Matters herein stated are alleged on information and belief this pleader believes to be true. If there is insurance to cover this matter, kindly advise as to the name of the insurance company, its address and the claim number assigned. If you have any questions, or need additional information, please contact me at 1-800-321-4158 ext 8232.

Sincerely,  
Chelsea Dongelewic



CMR Claims DEPT

NOTARY \_\_\_\_\_

Commission Expires 4/18/20



**CLAIMS MANAGEMENT RESOURCES**