

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Richard Earl Wolcott DATE: 9-15-20
ADDRESS: 2200 Wake Forest Ln. CITY Norman
STATE: OK ZIP: 73071 PHONE: (H) 405-206-7391 (W) _____
DATE OF INCIDENT: 07/09/20
LOCATION OF INCIDENT: 24th Ave. NE + East Robinson St.

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

My son was at a complete stop southbound on NE 24th Ave. when he was rear-ended by a city truck. The driver's name is Daniel Fehr my son has bodily injury from this accident and will submit medical bills and claims at a later date.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Collision Works</u>	<u>\$ 3,623.00</u>	<u>\$</u>
<u>Leon Pierce</u>	<u>\$ 4,507.42</u>	<u>\$</u>
<u>Ford Reynolds Collision center</u>	<u>\$ 5,168.64</u>	<u>\$</u>

TOTAL AMOUNT CLAIMED: \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: State Farm Insurance Co.

3052 Classen Blvd, Norman, OK. 73071 AGENT: James Parker

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.

Richard Wolcott
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 9/15/20