

**CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070**

NOTICE OF TORT CLAIM

CLAIMANT: Sean Waugh DATE: 4-10-13

ADDRESS: 1205 Sumac Dr. CITY Norman

STATE: OK ZIP: 73071 PHONE: (H) (405) 312-7585 (W) _____

DATE OF INCIDENT: April 4th, 2013

LOCATION OF INCIDENT: I-35, north-bound side, Indian Hills Bridge Overpass

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

While travelling north-bound on I-35, as I passed under the Indian Hills bridge, several large chunks of concrete fell off the bridge directly in front of my vehicle. The concrete pieces impacted my vehicle on the front bumper, hood, windshield, and roof. The various impacts left dents, scratches, and chips in the body and hood of the vehicle, and also left several chips and large cracks in the front windshield. As it was after 5 o'clock, I called Highway Patrol and reported the incident. I later found out the bridge had been closed for "repairs" immediately after my call to the Highway Patrol. I have also contacted the City of Norman regarding the issue.
(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>See attached estimates</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL AMOUNT CLAIMED: \$ 1714.08

NAME AND ADDRESS OF INSURANCE COMPANY: Farmers Insurance Group, 2735 I-35
Service Rd, Moore, OK, 73160 AGENT: John Willeford

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.


CLAIMANT'S SIGNATURE

**FILED IN THE OFFICE
OF THE CITY CLERK
ON 4-19-13**

REYNOLDS FORD INC.
NOBODY BEATS OUR PRICE- NOT NOW, NOT
EVER!
825 N INTERSTATE DR, NORMAN, OK 73069
Phone: (405) 307-6491
FAX: (405) 447-2404

Workfile ID: 5ae424b5
Federal ID: 73072-1547

Preliminary Estimate

Customer: WAUGH, SEAN

Job Number:

Written By: Barry Robinson

Insured: WAUGH, SEAN

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

Owner:

WAUGH, SEAN

(405) 312-7585 Business

Inspection Location:

REYNOLDS FORD INC.

825 N INTERSTATE DR

NORMAN, OK 73069

Repair Facility

(405) 307-6491 Business

Insurance Company:

VEHICLE

Year: 2007	Body Style: 4D UTV	VIN: JHLRE48767C098299	Mileage In: 82783
Make: HOND	Engine: 4-2.4L-FI	License:	Mileage Out:
Model: CRV 4X4 EXL	Production Date:	State:	Vehicle Out:
Color: Int:	Condition:	Job #:	

TRANSMISSION

Automatic Transmission

4 Wheel Drive

Overdrive

POWER

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

Heated Mirrors

DECOR

Dual Mirrors

Privacy Glass

Console/Storage

CONVENIENCE

Air Conditioning

Rear Defogger

Tilt Wheel

Cruise Control

Telescopic Wheel

Intermittent Wipers

Keyless Entry

Alarm

Rear Window Wiper

Steering Wheel Controls

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Changer/Stacker

SAFETY

Anti-Lock Brakes (4)

Driver Air Bag

Passenger Air Bag

Front Side Impact Air Bags

4 Wheel Disc Brakes

Traction Control

Stability Control

ROOF

Electric Glass Sunroof

SEATS

Leather Seats

Bucket Seats

Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

TRUCK

Power Trunk/Tailgate

Preliminary Estimate

Customer: WAUGH, SEAN

Job Number:

Vehicle: 2007 HOND CRV 4X4 EXL 4D UTV 4-2.4L-FI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		HOOD					
2	R&I	Insulator				0.3	
3	R&I	R&I hood assy				0.6	
4	*	Rpr Hood				<u>6.0</u>	2.8
5		Add for Clear Coat					1.1
6		ROOF					
7	R&I	Headliner Japan built black				3.2	
8	R&I	Sunroof glass Japan built				0.8	
9	*	Rpr Roof panel w/sunroof				<u>4.0</u>	3.6
10		Overlap Major Adj. Panel					-0.4
11		Add for Clear Coat					0.6
12		WINDSHIELD					
13	Repl	Windshield NAGS	FW02707GTN	1	255.90	2.4	
14		MISCELLANEOUS OPERATIONS					
15	Repl	Cover car/bag		1		0.2	
16		OTHER CHARGES					
17	#	E.P.C.		1	3.00		
SUBTOTALS					258.90	17.5	7.7

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			255.90
Body Labor	17.5 hrs @	\$ 45.00 /hr	787.50
Paint Labor	7.7 hrs @	\$ 45.00 /hr	346.50
Paint Supplies	7.7 hrs @	\$ 36.00 /hr	277.20
Other Charges			3.00
Subtotal			1,670.10
Sales Tax	\$ 533.10 @	8.2500 %	43.98
Grand Total			1,714.08
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,714.08

WARNING : ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.