

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: SERENTI IRISH DATE: 13 August 2019  
ADDRESS: 1101 NE 24th St. CITY MOORE  
STATE: OK ZIP: 73160 PHONE: (H) 405 240 8507 (W) \_\_\_\_\_  
DATE OF INCIDENT: 04 August 2019  
LOCATION OF INCIDENT: E Main St., Norman, OK

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

I was driving east bound, when I ~~caution~~<sup>proceeded</sup> from a  
stoplight that turned green. As I proceeded forward,  
an officer attempted to turn ~~from~~<sup>right</sup> from an outer lane,  
which resulted in him hitting my left fender as well  
as my bumper.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>MAACO Maaco</u>	\$ <u>                    </u>	\$ <u>2689.89</u>
<u>Performance Auto Paint &amp; Collision</u>	\$ <u>                    </u>	\$ <u>2317.79</u>
<u>Huduburg Chevrolet</u>	\$ <u>                    </u>	\$ <u>1862.55</u>

TOTAL AMOUNT CLAIMED: \$                     

NAME AND ADDRESS OF INSURANCE COMPANY: FARMERS INSURANCE 2009 N  
KELLY AVE #100 AGENT: KEVIN RAWALL

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.

Serenti Irish  
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 8/14/19