

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Kanaan Goldstein DATE: 19 JULY 2017

ADDRESS: 4310 SHERBURNE RD CITY NORMAN

STATE: OK ZIP: 73072 PHONE: (H) 405-343-5900 (W) _____

DATE OF INCIDENT: 17 JULY 2017

LOCATION OF INCIDENT: MAIN ST. EAST BOUND BETWEEN PANERA & SINCLAIR

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

MONDAY EVENING, I WAS DRIVING EASTBOUND ON MAIN ST. WHEN A RED VW BUG CUT ME OFF IN TRAFFIC JUST PAST PANERA BREAD. I SUCCESSFULLY BRAKED TO AVOID HITTING THE BUG, BUT CAPTAIN HAWKINS WAS FOLLOWING TOO CLOSE BEHIND ME AND REAR ENDED MY VOLVO. THE CAPTAIN APOLOGIZED PROFUSELY ALONG WITH SAYING IT WAS HIS FAULT, AND LT. C. BRYA AGREED. MY VOLVO IS UNDER FULL WARRANTY STILL AND THERE IS ONLY ONE AUTHORIZED SHOP TO CONDUCT REPAIRS IN ORDER TO STAY WITHIN WARRANTY. ESTIMATE IS INCLUDED. POSSIBLE RENTAL CAR FEES IN THE FUTURE.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

TOTAL AMOUNT CLAIMED: \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: STATE FARM, JERRY A. POTTS AGENCY
1901 W. MAIN ST. NORMAN OK 73069 AGENT: Caleb Scott

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.

Kanaan Goldstein
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 7/20/17