

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

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NOTICE OF TORT CLAIM

CLAIMANT: Yvonne Galey DATE: 8/9/17
ADDRESS: 6450 Belmar Circle CITY: NORMAN
STATE: OK ZIP: 73071 PHONE: (H) 816-6787 (W) 816-6759
DATE OF INCIDENT: 8/15/17

LOCATION OF INCIDENT: Belmar Circle / Indian Hills Road

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Animal Control Unit collided into
the side of my vehicle, which is
titled in my husband, Kendall Galey's
name when making an improper u-turn
into my neighborhood at the front
gate as I was approaching the
intersection to turn onto Indian Hills
(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

Pain & Suffering \$ 23,353.53 \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

TOTAL AMOUNT CLAIMED: \$ 23,353.53

NAME AND ADDRESS OF INSURANCE COMPANY: State Farm
AGENT: Brian Sandlin

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.

Yvonne O. Galey
CLAIMANT'S SIGNATURE