CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Mason Phillips DATE: 8/8/16

ADDRESS: 1404 Foxfire St. CITY Moore

STATE: OK ZIP: 73160 PHONE: (H) 405-249-8948 (W) 405-249-8948

DATE OF INCIDENT: 8-4-16

LOCATION OF INCIDENT: W. Brooks Street

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

"I was pulling out of the Alley Behind the CHI Omega House. the Garbage truck was Stopped And Past the Alley. AROUND 25 Feet I proceeded out onto the Road and at that Point the truck Came Back Fast. He continued back even after impact. their were 2 men on the back yelling at him to Stop but he Kept Coming

(use additional pages if necessary) See Attached

MONETARY STATEMENT: List of expenses claimed for payment:

Vehicle Repair OR Replace	$ 7334.00		$
	$		$
	$		$

TOTAL AMOUNT CLAIMED: $ 7334.00

NAME AND ADDRESS OF INSURANCE COMPANY: Farmers Insurance 4432 N. Meridian OKC OK 73112 AGENT: MAyRa Paddlety

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.

Mason Phillips
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 8/16/16

the DRIVER didn't Stop, until My CAR Was PUSHED INTO A yard ACROSS the Street.