

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Erica Givels DATE: 6/20/17
ADDRESS: 2220 S. Santa Fe Apt 103 CITY: Moore
STATE: OK ZIP: 73160 PHONE: (H) 405 250-3890 (W) 405 636-0767
DATE OF INCIDENT: 6/20/17
LOCATION OF INCIDENT: 1504 Charles St. Norman OK

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Was notified ^{supervisor} trash truck hit my car with the arm of the truck. Was informed by I was in side my employers house at the time. I feel City is liable due to truck's driver failed to lift arms on trash truck before continuing down the road.
(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

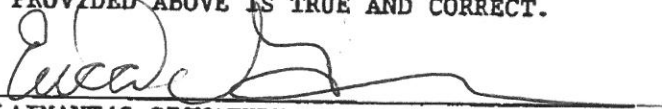
* Car rental ~~with known amount~~ at this time
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

TOTAL AMOUNT CLAIMED: \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: Geico
PO Box 509105 SAN DIEGO AGENT: Geico
92150

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 6/22/17