

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Cory Averitt DATE: 3-8-2019

ADDRESS: 1711 Beaumont Dr. CITY Norman

STATE: OK ZIP: 73071 PHONE: (H) 316-573-6068 (W) _____

DATE OF INCIDENT: 2-12-2019

LOCATION OF INCIDENT: 7-11 off of 12th and Lindsey

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

I was traveling south bound, in the driving lane, west of the 7-11. The officer was heading east, cutting through the empty parking spaces, towards the 7-11. He was attempting to squeeze between a business sign and a median when he struck the right side of my front bumper. Due to the excessive damage, which was enough to rip off my bumper, I believe he was traveling at a speed that (use additional pages if necessary) was unsuitable for a parking lot.

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Vehicle Damage</u>	<u>\$ 3,369.96 - 4,768.78</u>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL AMOUNT CLAIMED: \$ 3,369.96 - 4,768.78

NAME AND ADDRESS OF INSURANCE COMPANY: State Farm 855 12th Ave
NE, Norman OK 73071 AGENT: Cindy Nashert

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.

Cory Averitt
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 3/8/19