

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Colby Wardwell DATE: 10-1-2013  
ADDRESS: 409 Baker St. CITY Norman  
STATE: OK ZIP: 73072 PHONE: (H) 447-0994 (W) 618-1823

DATE OF INCIDENT: 10-01-2013  
LOCATION OF INCIDENT: Santa Fe Ave + Symmes St.

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:  
A city employee ran a stop sign hitting my car.  
(Parking Enforcement)

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:  
Loss of car \$ 3,500 Dr. Cox \$ 20<sup>00</sup>  
towing \$ 284<sup>99</sup> \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED: \$ \_\_\_\_\_

NAME AND ADDRESS OF INSURANCE COMPANY: RSAA Sarasota Texas  
AGENT: Jose Pineiro

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.

[Signature]  
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 10-7-13

STEVEN E COX DO PC  
905 24TH AVE NW STE B  
NORMAN, OK 73069

10/02/2013 14:24:48  
Merchant ID: 00000000162100  
Terminal ID: 03869440  
903515336993

CREDIT CARD

VISA SALE

CARD # XXXXXXXXXXXX3360  
INVOICE 0008  
Batch #: 000331  
Approval Code: 042448  
Entry Method: Swiped  
Mode: Online

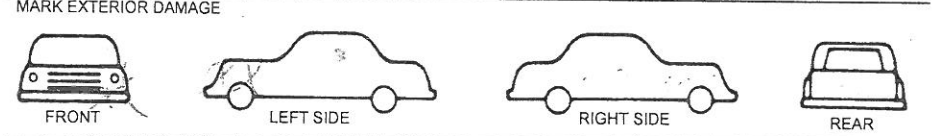
SALE AMOUNT \$20.00

CUSTOMER COPY

# Quality Inc

Towing Service Office 405) 360-1869  
 4204 Classen Circle Fax (405) 872-2631  
 Norman, OK 73071 24 Hour Service

NAME David Stanley B/S PHONE \_\_\_\_\_ DATE 10-2-13 TIME REC'D 8:50  
 ADDRESS \_\_\_\_\_ PC# 9081 ARRIVE TIME \_\_\_\_\_ DEPART TIME \_\_\_\_\_  
 CITY \_\_\_\_\_ CASH \_\_\_\_\_ CHARGE X ARRIVE DROP \_\_\_\_\_ DEPART DROP \_\_\_\_\_  
 LOCATIONS 4204 Classen CALL COMPLETED \_\_\_\_\_  
 VEHICLE DESCRIPTION \_\_\_\_\_ UNIT 23 DRIVER Terry  
 MODEL YEAR 03 MAKE Chrysler COLOR White BODY STYLE Caravan  
 TAG # STATE/TRIBE 632 AOM 4-14 OK ENDING MILEAGE 426  
 VIN 1G1JC12F937311823 STARTING MILEAGE 36.5  
 CONDITION:  GOOD  FAIR  POOR  WRECKED  STRIPPED  BURNED  
 TOTAL MILEAGE 6.1  
 NO WHEEL COVERS 4 NO WHEELS 4 NO TIRES 4



ARTICLES IN VEHICLE: AM/PM Personal's Trash ODOMETER 100902

REMARKS: Towed to: David Stanley B/S

Explanation of Charges	CHARGES
	HOOK-UP \$ <u>112.50</u>
X <u>LANE</u> <u>10-2-13</u>	MILEAGE \$ _____
Name and Signature of Driver _____ Date: _____	WAIT/STANDBY \$ _____
X _____ Date: _____	RECOVERY TIME \$ _____
I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of the vehicle described above and all personal property therein. THE UNDERSIGNED authorizes listed services and acknowledges that carrier is not responsible for loss or damages due to acts beyond control of the carrier or when services are performed under supervision of others.  X <u>[Signature]</u> SIGNATURE	DOLLY/RB DS/AXLE \$ _____
	FSC <u>17</u> % \$ <u>20.35</u>
	OTHER \$ _____
	OTHER \$ _____
Complaints may be addressed to the Oklahoma Corporation Commission Transportation Division/Wrecker Services P.O. Box 52000, Oklahoma City Oklahoma 73152-2000. Complaints may also made at www.occeweb.com	STORAGE \$ _____
Member <u>Thank you for your business!</u>	TAX \$ _____
No <u>97355</u> GVV _____ KEY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PEG NO _____	NOTIFICATION \$ _____
	TOTAL \$ <u>132.35</u>

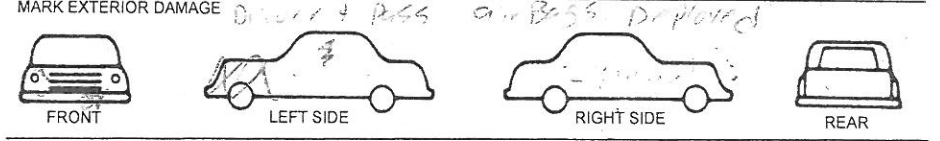


NPD/OR

# Quality Inc

Towing Service Office 405) 360-1869  
 4204 Classen Circle Fax (405) 872-2631  
 Norman, OK 73071 24 Hour Service

NAME David Stanley B/S PHONE \_\_\_\_\_ DATE 10-1-13 TIME REC'D 1:15  
 ADDRESS \_\_\_\_\_ PC# 9080 ARRIVE TIME 1537 DEPART TIME 1550  
 CITY \_\_\_\_\_ CASH \_\_\_\_\_ CHARGE 76 ARRIVE DROP 1600 DEPART DROP 1605  
 LOCATIONS Symmes St + Santa Fe CALL COMPLETED 1610  
 VEHICLE DESCRIPTION \_\_\_\_\_ UNIT 23 DRIVER Terry  
 MODEL YEAR 03 MAKE Chrysler COLOR White BODY STYLE Caravan  
 TAG # STATE/TRIBE 632 AOM 4-14 OK ENDING MILEAGE 911.3  
 VIN 1G1JC12F937311823 STARTING MILEAGE 906.9  
 CONDITION:  GOOD  FAIR  POOR  WRECKED  STRIPPED  BURNED  
 TOTAL MILEAGE 4.4  
 NO WHEEL COVERS 4 NO WHEELS 4 NO TIRES 4



ARTICLES IN VEHICLE: AM/PM Personal's Trash ODOMETER 100902

REMARKS: Towed to: Quality 618-1823

Explanation of Charges	CHARGES
	HOOK-UP \$ <u>112.50</u>
X <u>LANE</u> <u>10-1-13</u>	MILEAGE \$ _____
Name and Signature of Driver _____ Date: _____	WAIT/STANDBY \$ _____
X _____ Date: _____	RECOVERY TIME \$ _____
I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of the vehicle described above and all personal property therein. THE UNDERSIGNED authorizes listed services and acknowledges that carrier is not responsible for loss or damages due to acts beyond control of the carrier or when services are performed under supervision of others.  X <u>A. Mendias</u> SIGNATURE	DOLLY/RB DS/AXLE \$ _____
	FSC <u>19</u> % \$ <u>20.35</u>
	OTHER \$ _____
	OTHER \$ _____
Complaints may be addressed to the Oklahoma Corporation Commission Transportation Division/Wrecker Services P.O. Box 52000, Oklahoma City Oklahoma 73152-2000. Complaints may also made at www.occeweb.com	STORAGE \$ <u>18.00</u>
Member <u>Thank you for your business!</u>	TAX \$ <u>7.49</u>
No <u>97353</u> GVV _____ KEY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PEG NO <u>T-37</u>	NOTIFICATION \$ _____
	TOTAL \$ <u>152.24</u>

