

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: DAVID White DATE: 11-7-2012  
ADDRESS: 431 156<sup>th</sup> Ave NE CITY NORMAN OKLA. 73026  
STATE: OKLA. ZIP: 73026 PHONE: (H) 366 8684 (W) \_\_\_\_\_  
DATE OF INCIDENT: 10-23-12  
LOCATION OF INCIDENT: BROOKS + PORTER ST<sup>(CLASSEN)</sup>

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

"White" + "officer CRANE" were Both Southbound on CLASSEN. "White" was behind  
"officer CRANE" when he Began to make a U TURN to ASSIST in a TRAFFIC mishap  
and in doing so pulled Directly in path of "White". No emergency  
equipment had been activated by "officer CRANE" At the time  
of impact "White" was driving at approximate 20 mph.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>CAR Repairs</u>	<u>\$ 4,872.<sup>80</sup></u>	<u>\$</u>
_____	<u>\$</u>	<u>\$</u>
_____	<u>\$</u>	<u>\$</u>

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

NAME AND ADDRESS OF INSURANCE COMPANY: Progressive  
AGENT: \_\_\_\_\_

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.

David White  
CLAIMANT'S SIGNATURE

"Could Not OBTAIN 3 estimates AS  
CAR WAS NOT DRIVABLE."

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 11-7-12