

NOTICE OF TORT CLAIM

CLAIMANT: ^{owner} Billy Thomas or ^{driver} Skylar Thomas DATE: April 24, 2018
ADDRESS: 8319 silent river dr. CITY: ~~Norman~~ Richmond
STATE: TX ZIP: 77406 PHONE: (H) 817-937-9881 (W) 972-802-5749
Billy T. Skylar T.
DATE OF INCIDENT: April 23, 2018
LOCATION OF INCIDENT: Porter & Robinson

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

The driver speed around me into oncoming traffic lane
and side swiped me when I was getting into the left ^{turning} lane.
The officer agreed he was at fault.

Rental car may be needed. Will submit expenses
at a later date.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

Norman Body Works Inc \$ 2,202.02 \$ _____
Leon Pierce Body Repair \$ 4,134.93 \$ _____
Auto Craft Body Shop \$ 3,445.49 \$ _____

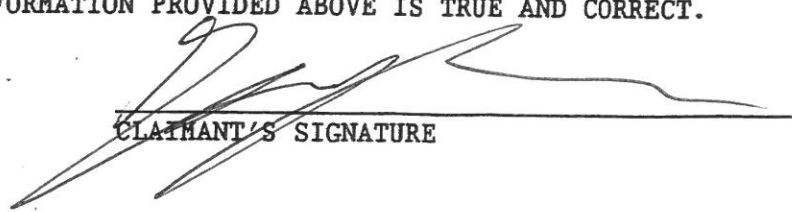
TOTAL AMOUNT CLAIMED: \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: _____

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.


CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 4/24/18