SPECIAL CLAIM SC-1516-3

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Alice Ravenscroft DATE: 8/25/15

ADDRESS: 924 Golden Dr CITY Norman

STATE: OK ZIP: 73072 PHONE: (H) 405-328-9993 (W) _____

DATE OF INCIDENT: 8/10/15

LOCATION OF INCIDENT: 3401 S. Chautauqua Ave. Norman OK

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Vehicle was parke same location in the same location for 14 months plus without any incident - when vehicle parked there was 70+ feet on each side. The driver that parked the truck was not the one that hit the car

James Ravenscroft

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

Damage to	$		$
Vehicle	$		$
	$		$

TOTAL AMOUNT CLAIMED: $ _____

NAME AND ADDRESS OF INSURANCE COMPANY: Farmers Insurance

193007291 AGENT: Casey T Wise 249 W. Douglas Blvd Ste A Midwest City OK 73130 (405) 733-7

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.

Alice Ravenscroft
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE OF THE CITY CLERK ON 8/25/15