

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: OKLAHOMA NATURAL GAS DATE: 8/20/18

ADDRESS: C/O M.B+W, 26000 CANNON RD CITY BEDFORD

STATE: OH ZIP: 44146 PHONE: (H) 440-735-5100 (W) 4. 4708

DATE OF INCIDENT: 1/26/18

LOCATION OF INCIDENT: 625 N. BERRY

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

CITY OF NORMAN SANITATION TRUCK WITH ITS BOOM UP
SNAGGED AN OVERHEAD ONG WIRE, PULLING THE
WIRE FROM THE POLE AND KNOCKING THE POLE TO
THE GROUND. PLEASE NOTE THE PHOTOS AND THE
2 WITNESSES LISTED ON THE DAMAGE REPORT.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

SEE ITEMIZED CONTRACTOR INVOICE \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

TOTAL AMOUNT CLAIMED: \$ 6600.00

NAME AND ADDRESS OF INSURANCE COMPANY: M. CARTHY, BURGESS, AND WOLFF
26000 CANNON RD, BEDFORD, OH 44146 AGENT: MARK GORDON

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.

Mark Gordon
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 8/27/18



GENERAL LIABILITY CLAIMS REPORT
FORM 11020 (4-14) OGS

☒ ONG ☐ ONE Gas
☐ KGS
☐ TGS

RMX EVENT/ CLAIM NO. (Claims Use Only)

COST CENTER

021.2261.8860120.23

DESCRIPTION

DATE OF INCIDENT 1/26/2108	TIME 12 : 00	PERSON NOTIFYING COMPANY	PHONE NO. ()	ORIGINAL ONE-CALL NO.
DATE NOTIFIED 1/26/2018	TIME 12 : 18	NOTIFICATION RECEIVED BY: NAME/ I.D. NO. Sean Hadley		LOCATED <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF RESPONSE	TIME	FIRST RESPONDER	EMERGENCY/ DIG UP LOCATE NO.	
ADDRESS OF INCIDENT (X/Y Coordinates) 625 N.Berry		CITY Norman	STATE OK	ZIP 73069
<input checked="" type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> PUBLIC ROW				

ACCOUNT TYPE (If applicable): ☐ RESIDENTIAL ☒ COMMERCIAL ☐ TRANSPORTATION

DESCRIBE DAMAGE, LOSS, ACCIDENT, OR REASON FOR REPORT.

Norman Utilities company (Trash service) pulled up to gate pushed intercom for someone to open gate. Before someone answered gate driver was pulling away from gate. Employee opened gate driver went to back up to enter gate and had his forks up and pulled the over head power line and pulled over the security light. Contractor for OG&E arrived and cut the power to remove the line from truck.

Security Pole

Security light

Power feeding gate

Power feeding parking lot lights.

PARTIES DAMAGED/ INJURED (Attach additional pages if necessary)

NAME ONG Norman Service Center		INJURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PROP. OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS 625 N. Berry	CITY Norman	STATE OK	ZIP 73069	TENANT <input type="checkbox"/> YES <input type="checkbox"/> NO
DAY PHONE ()	NIGHT PHONE ()	CELL PHONE ()		ADULT <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NO.	DRIVERS LICENSE NO.	DATE OF BIRTH		TRANSPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
FATALITY <input type="checkbox"/> YES <input type="checkbox"/> NO				

HOSPITAL NAME (If Transported)

NAME		INJURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PROP. OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY	STATE	ZIP	TENANT <input type="checkbox"/> YES <input type="checkbox"/> NO
DAY PHONE ()	NIGHT PHONE ()	CELL PHONE ()		ADULT <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NO.	DRIVERS LICENSE NO.	DATE OF BIRTH		TRANSPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
FATALITY <input type="checkbox"/> YES <input type="checkbox"/> NO				

HOSPITAL NAME (If Transported)

AUTHORITIES INVOLVED (Attach reports)

PD CALLED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	POLICE: RESPONDING AGENCY & REPORT NO.	FIRE: RESPONDING AGENCY & REPORT NO.	
FD CALLED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PERSON NOTIFIED IN CLAIMS Eric Smith	DATE NOTIFIED 1/26/2018	TIME NOTIFIED 1:02
COMM. CALLED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CLAIMS NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

TESTS PERFORMED (Attach documents)

TIME GAS SHUT OFF	INTERRUPTION SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. CUSTOMERS INTERRUPTED	DURATION OF INTERRUPTION
GAS FLOWING <input type="checkbox"/> YES <input type="checkbox"/> NO	SHUT OFF AT METER <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO	BLIND SEALED <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT METER READING	REMOVED METER <input type="checkbox"/> YES <input type="checkbox"/> NO	SHUT OFF AT CURB <input type="checkbox"/> YES <input type="checkbox"/> NO	CUT AT MAIN <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST TESTS PERFORMED AND ATTACH DOCUMENTS

APPLIANCES	MODEL/ SERIAL NO.	BTU	LOCATION	CONDITION
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LOCATION AND DESCRIPTION OF FACILITIES

PHYSICAL LOCATION OF DAMAGE (Use same reference point for damage and locate marks and include measurements on sketch.)

FL	Inches	Of Curb, PL, CL, Line of House of
FL	Inches	Of Curb, PL, CL, Line of House of

LOCATE MARKS/ FLAGS OF DAMAGE (Use same reference point for damage and locate marks and include measurements on sketch.)

FL	Inches	Of Curb, PL, CL, Line of House of
FL	Inches	Of Curb, PL, CL, Line of House of

SKETCH

IF DAMAGE IS TO OTHER UTILITY, INDICATE WHERE LOCATION MARKS ARE, IN RELATION TO DAMAGE.

N



Grid area for sketching the damage location and measurements.

PHOTOS TAKEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF PHOTOS (Note: Copies to be included with report) 6	FORMAT <input type="checkbox"/> FILM <input checked="" type="checkbox"/> DIGITAL <input type="checkbox"/> VIDEO <input type="checkbox"/> OTHER:
TAKEN BY Jerry York		DATE 1/26/2018
WITNESSES/ INVESTIGATING AUTHORITIES		
NAME	ADDRESS	PHONE
Daniel LaMie	4901 N. Santa Fe	(405) 551 - 6571
Jerry York	4901 N. Santa Fe	(405) 556 - 6475
		() -

EMPLOYEE 	DATE 1-26-18	LOCAL REVIEW/ SUPERVISOR 	DATE 1-26-18
CLAIMS DEPARTMENT			
ADJUSTER 		DATE RECEIVED 1-26-18	