SPECIAL CLAIM SC-1516-6

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Melody Ballard DATE: 10-6-15

ADDRESS: 15207 E. Cedar Ln. CITY Norman

STATE: OK ZIP: 73026 PHONE: (H) 601-201-4814 (W) 405-360-8990

DATE OF INCIDENT: 9-13-15

LOCATION OF INCIDENT: Highway 9 East / 48th St

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Officer Baron did not look both ways
I was doing everything right I now have
a totalled car & recurring back pain
from your officer hitting me. I've spent
my days off on this incident since the
accident.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

3 days of work 24hr @ 14$ hr $336 Gas spent getting estimate $ 88

totalled car $ 7,500 Payment of hospital visit on attached sheet $

Pain & Suffering $ 10,000 $

TOTAL AMOUNT CLAIMED: $

NAME AND ADDRESS OF INSURANCE COMPANY: Progressive Direct Ins. Co.
7666 E 61st St. Ste 300, Tulsa, OK 74133 AGENT: Courtney LeMay - 918-505-4426

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.

Melody Ballard
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE OF THE CITY CLERK ON 10/6/15