

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT(S): Don A. Schooler and Greer M. Schooler DATE: January 20, 2021

ADDRESS: 407 Kensington Rd CITY: Norman

STATE: Oklahoma ZIP: 73072 PHONE: (H) (405) 517-6691 (W) (405) 521-6181

EMAIL ADDRESS: dschooler@cox.net

DATE OF INCIDENT: November 17, 2020

LOCATION OF INCIDENT: Intersection of W Robinson St, and N Interstate Dr., Norman, OK

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

On the morning of November 17, 2020, the claimant, Greer M. Schooler was stopped at the light at the corner of N Interstate Dr. and W. Robinson St in his 2016 Ford Mustang. He began driving through the intersection when his light turned green and he had the right of way, with the intention of continuing through the intersection on N Interstate Dr. to get on I35 South. A City of Norman employee driving a City of Norman vehicle (a sedan) east on W Robinson St. failed to stop for a red light, illegally entered the intersection, and hit Greer's vehicle which had the right of way, causing significant damage. The city vehicle hit Greer's vehicle on the passenger's side causing significant damage, both mechanical and structural. Greer's vehicle could not be driven from the crash site and had to be towed, pursuant the investigative Norman Police Officer's direction, to a Norman body shop that had been used previously for an unrelated concern. The investigative officer, who happened to be at the site in traffic, issued a citation to the City of Norman employee finding him to be 100% at fault. The undersigned believe the City of Norman is liable for the accident because Greer had the legal right of way to enter the intersection, while the City of Norman driver, an agent of the City of Norman, did not have a legal right to enter the intersection and his failure to properly yield to a red traffic light was found to be the sole cause of the accident by the Norman police officer who issued him a traffic citation.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

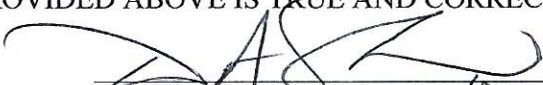
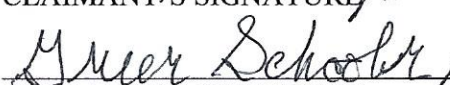
<u>Mills Body Shop</u>	<u>\$10,343.75</u>	<u>Enterprise</u>	<u>\$277.68</u>
<u>_____</u>	<u>\$ _____</u>	<u>_____</u>	<u>\$ _____</u>
<u>_____</u>	<u>\$ _____</u>	<u>_____</u>	<u>\$ _____</u>

TOTAL AMOUNT CLAIMED: \$ 10,621.43

NAME AND ADDRESS OF INSURANCE COMPANY: State Farm Insurance, 1901 W Main St, Norman, OK 73069
AGENT: Larry Potts

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 / Don A. Schooler

CLAIMANT'S SIGNATURE / Greer Schooler