

Scott McDowell  
405-317-0386

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Nikki S. McDowell DATE: 8-14-20  
ADDRESS: 9930 Peters Dr CITY: Norman  
STATE: OK ZIP: 73063 PHONE: (H) 405-317-6713 (W) \_\_\_\_\_  
DATE OF INCIDENT: 08-15-2019  
LOCATION OF INCIDENT: Peters Ave & Parkers Dr

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

I was at a red light behind multiple cars & was hit from behind by a car. He approached my car + apologized. He said he was on his way to a call + was looking down at his notes + didn't see my car in time.

We have paid \$1,000. deductible to our insurance.  
(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Enterprise Rental Car</u>	<u>\$ 271.38</u>	_____	\$ _____
<u>Parkers Auto Body</u>	<u>\$ 2994.64</u>	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL AMOUNT CLAIMED: \$ 3,266.02

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.

Scott McDowell  
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 8/14/20