

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Paul Zuck DATE: 9-3-19  
ADDRESS: 13761 Walker CITY McLoud  
STATE: OK ZIP: 74851 PHONE: (H) 405-620-2377 (W) 405-713-1648  
DATE OF INCIDENT: 8/2019  
LOCATION OF INCIDENT: I35 - I40 Junction

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

City truck (unit #120) had a tire blow out  
causing front damage on my truck

Driver - Joe Hatcher  
# 2275

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>See</u>	\$		\$
<u>Estimates</u>	\$		\$
	\$		\$

TOTAL AMOUNT CLAIMED: \$ \_\_\_\_\_

NAME AND ADDRESS OF INSURANCE COMPANY: OK Farm Bureau  
2501 N. Stiles AGENT: Larry Brown

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.

Paul Zuck  
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 9/4/19