

NOTICE OF TORT CLAIM

CLAIMANT: Juanita M. Harris DATE: 2/23/2017
ADDRESS: 213 Summit Crest Lane CITY: Norman
STATE: OK ZIP: 73071 PHONE: (H) 405-217-2335 (W) _____

DATE OF INCIDENT: 2/17/2017

LOCATION OF INCIDENT: Lindsey Street and Classen Blvd

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

On Friday, February 17, 2017, at approximately 8:50 a.m.,
I was headed west on Lindsey Street at Classen Blvd
but was stopped for a red light. The driver of a
City of Norman dump truck (white, single axle, truck
#102, license # city 14882) ran into the back of my
car causing damage.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

_____ \$ _____ \$
_____ \$ _____ \$
_____ \$ _____ \$

TOTAL AMOUNT CLAIMED: \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: Allstate Muse & Associates

8488 N.W. 39th Expy Bethany AGENT: Mark Muse
OK 73008

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.

Juanita M. Harris
CLAIMANT'S SIGNATURE