

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Michelle Stewart DATE: 1/4/18
ADDRESS: 505 W. Comanche St. CITY: Norman
STATE: OK ZIP: 73064 PHONE: (H) 580-736-1372 (W) _____
DATE OF INCIDENT: 1/4/18
LOCATION OF INCIDENT: 2813 Weymouth Dr., Norman, OK

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Car parked, per rules (within 12 inches of curb). Driver's
grippers ran along back part of car (Driver's side,
rear). City vehicle operator took responsibility
on scene (garbage collection vehicle).

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

\$ _____ \$ _____
See attached estimates (x3)
\$ _____ \$ _____

TOTAL AMOUNT CLAIMED: \$ lowest estimate

NAME AND ADDRESS OF INSURANCE COMPANY: Progressive - Bartling
Insurance Agency AGENT: Bartling
PO Box 610, Comanche, OK 73529

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.

FILED IN THE OFFICE
OF THE CITY CLERK
ON 2/14/19

Michelle Stewart
CLAIMANT'S SIGNATURE

Progressive Insurance Address:
Progressive Northern Insurance Co.
6300 Wilson Mills Rd
Mayfield Village, Ohio
44143