CITY OF NORMAN POST OFFICE BOX 370 NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Deborah Maupin	DATE: <u>December 24, 2018</u>
ADDRESS: 708 McConnell Drive	
STATE: Oklahoma ZIP: 73099-3486 PHONE:(H)	
DATE OF INCIDENT: December 24, 2018	
LOCATION OF INCIDENT: Crossroads Blvd and Greenwood	Drive
STATEMENT OF CIRCUMSTANCES / REASONS YOU BEI	LIEVE CITY IS LIABLE:
See Attached Official Oklahoma Traffic Collision Report Reporti	ng Agency: Norman Police Department
Read Remarks on the last page of the Oklahoma Traffic Collision I	Report.
(use additional pages if necessary)	
5 %	
MONETARY STATEMENT: List of expenses claimed for pay Estimate #1: Thompson Paint And Body Shop	
	\$ 4,874.72
Estimate #2: X-Clusive Collision & Towing Estimate #3: Collision Works Yukon	
	\$ 5,850.44
TOTAL AMOUNT CLAIMED: \$ 4,874.72	
NAME AND ADDRESS OF INSURANCE COMPANY: State Fa	rm Mutual Automobile Insurance Company
12222 State Farm Blvd. Tulsa, Ok. 74146-5402 AGENT	
THIS FORM MUST BE SIGNED AND RETURNED WITH AN BE PROCESSED.	LL REQUESTED INFORMATION IN ORDER TO
I SWEAR AND/OR AFFIRM THE INFORMATION PROVIDED	ABOVE IS TRUE AND CORRECT.
O CONTROL OF THE CONT	ROCA Maupin ANT'S SIGNATURE