CITY OF NORMAN /City Clerk
POST OFFICE BOX 370 201 W. Gray
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Delsia Kelsey DATE: 3-2-2021

Mya Kelsey, minor; Peyton Mueller, minor

ADDRESS: 17330 Mary Ellis Circle CITY Choctaw

STATE: OK ZIP: 73020 PHONE: (H) 405/537-2928 (W) _____

EMAIL ADDRESS: mrskelsey@gmail.com

DATE OF INCIDENT: 9/21/20

LOCATION OF INCIDENT: I-240 & Eastern / OEC

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Claimants were rearended by City of Norman vehicle being driven by Louis Alvarez. As of result of the collision, Claimants sustained medical injuries for which they received treatment.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

Medical bills & records ATTached for All the Claimants $ _____

_____ $ _____ _____ $ _____

_____ $ _____ _____ $ _____

TOTAL AMOUNT CLAIMED: $ _____

NAME AND ADDRESS OF INSURANCE COMPANY: Delsia Kelsey insured through Encompass Insurance AGENT: _____
P.O. Box 660187 Dallas, TX 75266

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 3/2/21

Attorney for Claimants
CLAIMANT'S SIGNATURE
Carr & Carr
1350 SW 89th St.
405/234-2131