

NOTICE OF TORT CLAIM

OKLAHOMA MUNICIPAL ASSURANCE GROUP - MUNICIPAL LIABILITY PROTECTION PLAN

A. CLAIMANT REPORT

To the MANCUM OKLAHOMA

Public entity you are filing this claim against.

DATE REC'D

7-27-21

REC'D BY Billie [Signature]

PLEASE PRINT OR TYPE AND SIGN

IMPORTANT NOTICE: The filing of this form with the City Clerk's office is only the initial step in the claim process and does not indicate in any manner the acceptance of responsibility by the City or its related entities. Written notice is required by law and shall be filed with the City Clerk within one (1) year from the date of occurrence. It will then be sent to OMAG Claims Dept. for investigation. You may expect them to contact you. Failure to file within such time frame may result in the claim being barred in its entirety. Other limitations to your claim may apply (See Oklahoma Statutes Title 51, Section 151-172).

CLAIMANT(S) PAULA S. GAVIN CLAIMANT(S) SOCIAL SECURITY NO. _____
ADDRESS 329 E. HAYES ST CLAIMANT(S) DATE OF BIRTH 11/02/1962
MANCUM OK 73554 PHONE: HOME (361) 215 8082 BUS. ()

Continue on another sheet if needed for any information requested

1. DATE AND TIME OF INCIDENT 11 () a.m. () p.m.

2. LOCATION OF INCIDENT UNKNOWN

3. DESCRIBE INCIDENT AN EMPLOYEE OF THE CITY OF MANCUM OK BORROWED MY PERSONAL TRACTOR FOR AN HOUR UPON SHORT NOTICE (1 HOUR) TO WORK AT THE MUNICIPAL GOLF COURSE - KEPT EQUIPMENT FOR OVER 1 YEAR (WOULD NOT RETURN WHEN ASKED FOR). EQUIPMENT WAS DAMAGED BY CITY EMPLOYEES AND NOT REPAIRED.

4. LIST ALL PERSONS AND/OR PROPERTY FOR WHICH YOU ARE CLAIMING DAMAGES:

BODILY INJURY: WAS CLAIMANT INJURED? YES ___ NO If yes, complete this section
Describe injury _____
WERE YOU ON THE JOB AT THE TIME OF INJURY? YES ___ NO ___ If so, please give name, address and phone number of company _____
NAME OF DOCTOR OR HOSPITAL _____
ALL MEDICAL BILLS (attach Copies) \$ _____
LIST OTHER DAMAGES CLAIMED \$ _____
TOTAL BODILY INJURY..... \$ _____

PROPERTY DAMAGE: Proof that you are the owner of the vehicle or property allegedly damaged as specified in your claim will be required.
VEHICLE NAME MATINSON 5010 HST BODY TYPE 4WD TRACTOR YEAR _____
NOTE: If damage is to a vehicle, a photocopy of your motor vehicle title is required.
IF NOT A VEHICLE, DESCRIBE PROPERTY AND LOSS _____
PROPERTY DAMAGE (Attach repair bills or two estimates) \$ _____
LIST OTHER DAMAGES CLAIMED \$ _____
TOTAL PROPERTY..... \$ _____

5. NAME OF YOUR INSURANCE CO.	POLICY NO.	AMOUNT CLAIMED	AMOUNT RECEIVED
_____	_____	_____	_____

6. The names of any witnesses known to you.

<u>Joseph A. Nassar</u>	<u>329 E. Hayes ST Mancum OK 73554</u>	<u>210-609-8300</u>
Name	Address	Phone Number
<u>GERALD W NASSAR</u>	<u>931 W. HENNINGER SAN ANTONIO TX 78201</u>	<u>210-609-7979</u>
Name	Address	Phone Number

STATE THE EXACT AMOUNT OF COMPENSATION YOU WOULD ACCEPT AS FULL SETTLEMENT ON THIS CLAIM.

TOTAL CLAIM..... \$ _____

Paula S Gavin
SIGNATURE(S)

ACTUAL REPAIR OF EQUIPMENT
07-27-2021
DATE

B. THIS SECTION IS FOR USE BY THE PUBLIC ENTITY WHICH RECEIVES THE CLAIM

To inquire about this claim you may write to OMAG Claims Dept. or call 1-800-234-9461; or in Edmond call 657-1400

This Notice of Tort Claim was received by Billie Chilson
(Title) City Clerk, on July 27, 2021

For further information on this claim contact Jymmy Joe Martain
(Title) Recycling Center Worker, by telephone at (580) 303-8714

The following reports, statements or other documentation, which support our understanding of the facts relating to this claim, are attached:

Persons who have knowledge of the circumstances surrounding this claim are:

	<u>Name</u>	<u>Title/Position</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Submitted by: Billie Chilson Date July 27, 2021

Title: City Clerk

AFTER THE PUBLIC ENTITY HAS RECEIVED THIS CLAIM, PLEASE PROVIDE INFORMATION REQUESTED ABOVE AND IMMEDIATELY SEND TO:

**OMAG Claims Dept.
3650 S. Boulevard
Edmond, OK 73013-5581
Fax (405) 657-1401**