



The City of  
**NORMAN**

**NOTICE OF TORT CLAIM**

**Return Completed Forms to:**  
**City Clerk's Office – Tort Claims**  
**CITY OF NORMAN, P.O. BOX 370**  
**NORMAN, OKLAHOMA 73070**

Please complete *ALL* pages of this form. Please print or type the responses. *Failure to provide information required in this form can invalidate your claim.*

**CLAIMANT(S) INFORMATION**

CLAIMANT(S): David A Grissam & Kimberly D Grissam Date of Birth: [REDACTED]  
ADDRESS: [REDACTED] CITY: [REDACTED]  
STATE: OK ZIP: [REDACTED] PHONE: (H) [REDACTED] (W) [REDACTED]  
EMAIL ADDRESS: [REDACTED] SSN/Tax ID#: [REDACTED]

Claimants that are joint owners of property (such as co-owners of a vehicle or home) **must both** be included on the tort claim.

If Claimant is not the owner of the damaged property, provide owner's name, address, email, and daytime phone number.

2nd owner ... Kimberly D Grissam [REDACTED]  
n/a

**CLAIM INFORMATION**

DATE OF INCIDENT: Aug 1st 2024 TIME: aprx 1030  a.m.  p.m.

LOCATION OF INCIDENT: 112 W Gray St, Norman OK 73069

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:  
Include the name of the City department and/or employee involved. Provide any evidence that will prove City or a City employee was responsible, including any photographs of the alleged damages to support your claim.

On the morning of Aug 1st I arrived at work at approx 0730hrs and parked in the back parking lot of the Police Department, in the area that we are assigned to park. At approx 1030hrs I was told that I needed to move my vehicle, that Parks and Rec was in the back lot doing landscaping. As calls for service allowed people went to move their vehicles. When I moved mine I noticed that there were chips in the paint. I talked with the Parks and Rec subject and asked him if they were done for the day and that we were going to move the vehicles. His reply was thanks and yes ....  
(Use additional pages if necessary.)

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 8/27/24

**INSURANCE INFORMATION**

List the name of your insurance company and agent, the address, and phone number.

n/a

Have you filed a claim with your insurance company for these damages?  Yes  No

*If yes, submit a copy of your claim.*

Have you been, or do you expect to be, compensated for your damages by your insurance company?  Yes  No

What was or will be the amount of compensation from your insurance company? \$ 0.00

**COMPENSATION REQUESTED**

**PROPERTY DAMAGE:**

Please list items damaged, the age and original cost of each item, the amount of property loss claimed, and include any required supporting documentation referenced below.

**PROPERTY DAMAGE DESCRIPTION:**

**AMOUNT CLAIMED:**

- 1. Repair Rock Chips on 2014 Ford F150 \$ 10,951.73
- 2. Rental vehicle while repair is being done \$ 4,177.63
- 3. n/a \$ 0.00
- 4. n/a \$ 0.00

TOTAL AMOUNT CLAIMED FOR PROPERTY DAMAGE: \$ 15,129.36

**Required Supporting Documentation for Property Damage:**

- 1. If you are alleging damage to your vehicle:
  - a. Copy of the vehicle title, front and back;
  - b. Photographs of the vehicle showing the damage, including photographs of the VIN and License Plate;
  - c. Copy of either actual repair bill OR two estimates for cost of repair; AND
  - d. Copy of receipts or estimates showing associated expenses such as: towing, vehicle rental, etc.
- 2. If you are alleging damage to your home or to real property:
  - a. Copy of the current deed.

**OTHER DAMAGE (Is the claim seeking compensation other than for loss or damage to property?):**

Please describe the type of injury or damage you sustained. You **must** state the compensation requested (do not include amounts already requested in previous sections) and include any required supporting documentation referenced below.

**OTHER DAMAGE DESCRIPTION:**

**AMOUNT CLAIMED:**

- 1. n/a \$ 0.00
- 2. n/a \$ 0.00
- 3. n/a \$ 0.00
- 4. n/a \$ 0.00

Were you on the job at the time of the injury?  Yes  No

If so, what is the name of your employer? n/a

Has any medical bill been paid or will be paid by Medicare/Medicaid?  Yes  No

If so, list: Medicare/Medicaid number: n/a SSN: n/a

Date of Birth: n/a Gender: n/a

If the City is responsible for such bills, the City must report any settlement to Medicare/Medicaid.

I understand that the information requested is to assist the requesting insurance information arrangement to accurately coordinate benefits with Medicare/Medicaid and to meet its mandatory reporting obligation under Medicare Secondary Payer Act 42 U.S.C§1395y.

n/a

\_\_\_\_\_  
Medicare/Medicaid Beneficiary Name (please print)

\_\_\_\_\_  
Medicare/Medicaid Beneficiary Name Signature

TOTAL AMOUNT OF OTHER DAMAGE CLAIMED: \$ 0.00

***Required Supporting Documentation for Other Damage:***

1. If you are alleging personal injury:
  - a. Name and address of all health care providers who provided treatment since the time of the incident, AND
  - b. A HIPPA compliant authorization for release of health information from all providers.

TOTAL AMOUNT REQUESTED TO FULLY SETTLE THE ABOVE CLAIM(S): \$ 15129.36  
(required)

**THIS FORM MUST BE SIGNED AND RETURNED TO THE CITY CLERK'S OFFICE WITH ALL REQUESTED INFORMATION IN ORDER TO BE PROCESSED.**

I SWEAR AND/OR AFFIRM THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

  
\_\_\_\_\_  
CLAIMANT'S SIGNATURE

  
\_\_\_\_\_  
CLAIMANT'S SIGNATURE (if applicable)

(continued from page 1) **that they were done for the day. He then went on to say at least we didn't break any windows this time. I asked about why they were there on this day, rather than on the next day when we were told that they would be there. He said that they had some time and wanted to get a start on the project. He also said that they were going to be back at 7am the following day to complete the work. Major Barbour was made aware of the incident and was texted pictures of the damage on the day it occurred. He also texted me back saying that he gave parks team a heads up as well and advised to report it to the clerks office. Upon getting my first estimate to repair the damages (Aug 5<sup>th</sup> 2024 at 4.43pm), I sent a text to Major Brent Barbour requesting that he locate and hold a copy of the video recordings of the workers being in the back lot and doing the work. At 4.53pm he replied that he would try and grab the video the following morning. After talking to Communications Officer Faith Richards, her vehicle also sustained damage during the incident and is in the process of getting estimates as well. I believe that Communications Officer Ellaina Pinkerton and Communications Heath Daughtery's vehicles were also damaged. The person that came and told us to move our vehicles was Admin Tech Sara Doherty who also moved her vehicle as well. I also believe that Lt. M Smallwood was in the back lot talking to the workers as well.**