



The City of
NORMAN

NOTICE OF TORT CLAIM

FILED IN THE OFFICE
OF THE CITY CLERK

ON 04/22/25-dw

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): Ron Fullerton Date of Birth: 


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.

CLAIM INFORMATION

DATE OF INCIDENT: 2-17-2025 TIME: 2:30 a.m. p.m.

LOCATION OF INCIDENT: 48th Ave NW (just North of Robinson St)

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.

A statement of circumstances is included on an additional page (attached).

(Use additional pages if necessary.)

INSURANCE INFORMATION

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

[Redacted area]

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 -

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. Vehicle Repair by Don Thornton Collision Center
- 2. Hertz Rental (during repair time)
- 3. —
- 4. —

\$ 15,111.28

\$ 1,551.93

\$ —

\$ —

TOTAL AMOUNT CLAIMED FOR PROPERTY DAMAGE:

\$ 16,663.21

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?): No

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. ~~_____~~
- 2. ~~_____~~
- 3. ~~_____~~
- 4. ~~_____~~

~~\$ _____~~

~~\$ _____~~

~~\$ _____~~

~~\$ _____~~

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

If so, what is the name of your employer? _____

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

If so, list: Medicare/Medicaid number: _____ SSN: _____

Date of Birth: _____ Gender: _____

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.

Medicare/Medicaid Beneficiary Name (please print)

Medicare/Medicaid Beneficiary Name Signature

TOTAL AMOUNT OF OTHER DAMAGE CLAIMED:

\$ - 0 -

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): \$ 16,663.²¹
(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.

Ron Fullerton [Ron Fullerton]
CLAIMANT'S SIGNATURE

CLAIMANT'S SIGNATURE (if applicable)

**Notice of Tort Claim
The City of Norman**

Statement of Circumstances / Reasons You Believe City is Liable

Date of Accident: 2-17-2025

Claimant: Ron Fullerton

My name is Ron Fullerton and this incident involved my personnel vehicle, a Lexus SUV, which was struck by a City of Norman Utility Truck, a van, driven by City of Norman employee [REDACTED]. I and my wife, a passenger, were not injured in the incident and are not aware of [REDACTED] and the Utility Truck's other passenger being injured in this incident either.

On 2/17/25 at approximately 2:30 pm, I was following a City of Norman Utility Truck north on 48th Avenue NW, just north of Robinson Street. At the location where the incident occurred, 48th Avenue is only a two lane road, one north bound lane and one south bound lane. A second City of Norman Utility Truck was already parked and blocking the north bound lane.

As both vehicles approached the Parked Utility Truck, we both slowly went around the Parked Utility Truck. The moving Utility Truck I was following did not have any lights or emergency flashers on to indicate he would be stopping after passing the parked Utility Truck. We were both moving at a slow cautious speed around the parked Utility Truck. We both had to swerve out and around into the south bound lane to pass the Parked Utility Truck. Once the moving Utility Truck in front of me had passed the Parked Utility Truck, he pulled back into the north bound lane and then he stopped. Since I was following him, I also came to a stop behind him. At this point, there was now south bound vehicles moving past our stopped vehicles. After he stopped, he shifted the Utility Truck in reverse and started backing up. His reverse taillights lit up and I began honking on my car horn to alert him to stop backing up. I could not drive away from where I was stopped because there were now cars going by in the south bound lane beside me. The City of Norman Utility Truck did not stop from my honking and kept backing up. His slow moving vehicle struck the front of my stopped vehicle.

Coincidentally, a Norman Police Officer was in the group of cars that were in the south bound lane of traffic next to the incident. He stopped beside my car as the accident happened and asked if everyone was okay. I told him that my wife and I were fine and did not have any injuries. He pulled over and took statements about the incident and filled out the Traffic Collision Report, which included with this City of Norman Tort Claim.

Several days later we went to the Police Dept. and The City of Norman Municipal Building offices to retrieve the Collision Report and find out how to proceed forward. We were given the appropriate paperwork by Assistant City Attorney Ashlynn Wilkerson. She informed us of the procedures to follow. Based on the results of the Collision Report, we were also informed that we could repair our vehicle out of our own pocket and submit the actual repair receipt and rental car receipt for the Tort Claim, which is what we ended up doing.

The actual cost to repair our vehicle = \$ 15,111.28 (A second estimate from second regional collision repair shop was for \$ 27,686.19) .

The actual cost for a Rental Vehicle during the repair = \$ 1,551.93. (We comparison shopped the rental rate at Budget, Avis and Hertz Rental companies).

The Total actual cost for the Repair and Rental Vehicle = \$ 16,663.21