

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: TERRY L. GRAVEN DATE: 8/8/22
ADDRESS: 2930 City View Court CITY NORMAN
STATE: OK ZIP: 73071 PHONE: (H) 580-685-5229 (W) 405-226-0027
EMAIL ADDRESS: terrylgraven@gmail.com
DATE OF INCIDENT: 8/8/22

LOCATION OF INCIDENT: ON 24th AVE NE 1/2 mile south of Robinson St.

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Police officer headed Northbound in the outside lane activated his lights AND proceeded to make a U-turn (Left) to go after a car speeding Southbound - my wife was traveling Northbound in the inside lane - the policeman turned left into the passenger side of my wifes 2018 Nissan Rouge, causing A lot of damage. The police officer failed to yield - my wife had no time to react or know the officers intentions.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Retail Value of CAR</u>	<u>\$ 21,827</u>	<u>Excise Tax</u>	<u>\$ 767.00</u>
<u>Sales Tax</u>	<u>\$ 933.00</u>	<u>Window Tinting</u>	<u>\$ 250.00</u>
<u>Misc. Doc/Title Fees</u>	<u>\$ 474.00</u>	<u>Time off work</u>	<u>\$ 840.00</u>
<u>TOTAL AMOUNT CLAIMED: \$ 25,091.00</u>			

NAME AND ADDRESS OF INSURANCE COMPANY: State Farm POBox 2358 Bloomington, IL 61702-2358 AGENT: Greg Ellis 405-321-0600

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.

Terry L. Graven
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 8/15/22