

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

FILED IN THE OFFICE
OF THE CITY CLERK
ON 04/30/25-JW

Please complete *ALL* pages of this form. Please print or type the responses.

CLAIMANT(S) INFORMATION

CLAIMANT(S): Clifford Jemison



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: Feb 26, 2025 TIME: 10.01 a.m. p.m.

LOCATION OF INCIDENT: Intersection of Lahoma + Lindsay

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.



Failed to stop + yield at stop sign on Lahoma
striking my 2020 Ford Fusion

(Use additional pages if necessary.)

INSURANCE INFORMATION

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

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

What was or will be the amount of compensation from your insurance company? \$
Actual cash value - \$2500 (my deductible)

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.

Table with 2 columns: PROPERTY DAMAGE DESCRIPTION and AMOUNT CLAIMED. Row 1: Totalled car (deductible) \$2500. Row 2: \$ Row 3: \$ Row 4: \$ TOTAL AMOUNT CLAIMED FOR PROPERTY DAMAGE: \$2500-

- 1. If you are alleging damage to your vehicle:
a. Copy of the vehicle title, front and back; title no longer retrievable when totaled - register
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?): yes - but will do so when I'm released from treatment

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.

Table with 2 columns: OTHER DAMAGE DESCRIPTION and AMOUNT CLAIMED. Rows 1-4: \$

Were you on the job at the time of the injury? [] Yes [X] No
If so, what is the name of your employer?

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

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

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: \$ _____

1. If you are alleging personal injury: *will file separate claim when released from Dr.*
- 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): \$ 2500
(Property Damage) (required)

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

Clifford J. ...

CLAIMANT'S SIGNATURE

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CLAIMANT'S SIGNATURE (if applicable)