



March 1, 2021

Ms. Haleigh Lutz
14824 South 276th East Ave.
Coweta, Oklahoma 74429

RE: Member : City of Coweta
Claimant : Haleigh Lutz
Date of Loss : February 16, 2021
Claim No. : 209313-1-BD

Dear Ms. Lutz:

As the adjuster for the Oklahoma Municipal Assurance Group, the insurer for the City of Coweta, I am recommending denial of this claim and find no liability on the City of Coweta's part.

Oklahoma law has consistently held that a municipality is not an insurer of its sanitary sewer system. This means that a municipality is not automatically liable for damages to property which result from a sanitary sewer overflow. A municipality may be liable only if it had prior notice of a defect or problem in the sewer line and failed to take appropriate remedial action within a reasonable time before the damage occurred.

The City of Coweta would not be liable for a plumber bill incurred prior to the City of Coweta being notified of a sewer problem.

Sincerely,

Brad Doublehead,
Senior Claims Adjuster

cc: City of Coweta



March 1, 2021

City of Coweta
Attn: Julie Casteen
P.O. Box 850
Coweta, Oklahoma 74429-0850

RE: Member : City of Coweta
Claimant : Haleigh Lutz
Date of Loss : February 16, 2021
Claim No. : 209313-1-BD

Dear Ms. Casteen:

We have completed our investigation regarding the above referenced claim. It is our recommendation to the City of Coweta that this claim be denied. We find no liability on the City of Coweta's part regarding this incident.

Under the Governmental Tort Claims Act, 51 Okla. Sec. 157(A), this claim will be deemed denied ninety (90) days after it was received by the City of Coweta. 51 Okla. Stat. Sec. 157 (B) requires any lawsuit under the Act to be commenced within one hundred eighty (180) days after denial of the claim.

Thus, to begin the 180-day statute of limitations prior to **5/25/2021**, you must deny this claim in writing before **5/25/2021**. For the 180-day period to start running, the claimant **must be notified at the address on the claim within five (5) days of the denial.** To document compliance with the Act, we recommend that you send notice of denial of this claim by certified mail.

Please advise us as soon as possible of any official action taken by you on denial of this claim.

Sincerely,

Brad Doublehead,
Senior Claims Adjuster

NOTICE OF TORT CLAIM

OKLAHOMA MUNICIPAL ASSURANCE GROUP - MUNICIPAL LIABILITY PROTECTION PLAN

A. CLAIMANT REPORT

To the City of Coweta Public entity you are filing this claim against.

FAXED 2/25/21

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.

CLAIMANT(S) Haleigh WIFE CLAIMANT(S) SOCIAL SECURITY NO. 003-80-5174
ADDRESS 1824 S 276TH AVE CLAIMANT(S) DATE OF BIRTH 04-24-1990
Coweta, OK 74429 PHONE: HOME (918) 851-8395 BUS. ()

1. DATE AND TIME OF INCIDENT 2/16/21 9:00 a.m. () p.m. Continue on another sheet if needed for any information requested
2. LOCATION OF INCIDENT Home
3. DESCRIBE INCIDENT Plumbing backed up on to my bathroom floors and we couldn't flush. Had to call someone out to snake drains but it was the city main line, not mine.

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

BODILY INJURY: WAS CLAIMANT INJURED? YES NO X If yes, complete this section
Describe injury
WERE YOU ON THE JOB AT THE TIME OF INJURY? YES NO X 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 BODY TYPE 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) \$ 295.00
LIST OTHER DAMAGES CLAIMED \$
TOTAL PROPERTY..... \$ 295.00

Table with 4 columns: NAME OF YOUR INSURANCE CO., POLICY NO., AMOUNT CLAIMED, AMOUNT RECEIVED

6. The names of any witnesses known to you.
Name Address Phone Number
Marcos Kirkwood 713-423-5681
Name Address Phone Number

STATE THE EXACT AMOUNT OF COMPENSATION YOU WOULD ACCEPT AS FULL SETTLEMENT ON THIS CLAIM.
TOTAL CLAIM..... \$ 295.00
SIGNATURE(S) DATE 2/23/21



Torch Service Company
107 W 4th Ave, Owasso, OK 74055,
918-376-4343

Invoice 11740106
Invoice Date 2/16/2021
Completed Date
Customer PO

Billing Address
Haleigh Lutz
14824 South 276th East Avenue
Coweta, OK 74429 USA

Job Address
Haleigh Lutz
14824 South 276th East
Avenue
Coweta, OK 74429 USA

Description of Work

Ran cable out '100 feet multiple times and was not able to clear line. Called city and they are going to check city main for back up.

Task #	Description	Quantity	Your Price	Your Total
DRAINSEWER	Clean Sewer Line From Cleanout: BASIC cleaning of sewer line from cleanout hazardous condition pricing No warranty	1.00	\$295.00	\$295.00

Paid On	Type	Memo	Amount
2/16/2021	Visa		\$295.00

Sub-Total	\$295.00
Tax	\$0.00
Total Due	\$295.00
Payment	\$295.00

Balance Due \$0.00

Thank you for choosing Torch Service Company! Highest rated in Plumbing, Heating, and Cooling!

This invoice is agreed and acknowledged. Payment is due upon receipt. A service fee will be charged for any returned checks, and a financing charge of 1% per month shall be applied for overdue amounts.

2/16/2021

I have inspected all of the work done by [the contractor] pursuant to the contract terms agreed by me at [LOCATION] [the location described in the contract]. I find that all work has been completed in a satisfactory and workmanlike manner. I have been given the opportunity to address concerns and/or discrepancies in the work provided, and I either have no such concerns or have found no discrepancies or they have been addressed by [the contractor] to my satisfaction. My signature here signifies my full and final acceptance of all work performed by the contractor pursuant to the contract as agreed.

2/16/2021

I authorize Torch Service Company to charge the agreed amount to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

2/16/2021

Work Item Report

Sewer | Check for Possible Sewer Back-Up | 13756157

14824 S 276th East Ave, Coweta, Oklahoma 74429

Collected By msmith@cityofcoweta-ok.gov

Collected Date 2/16/2021 1:31:46 PM

Modified By msmith@cityofcoweta-ok.gov

Modified Date 2/25/2021 2:02:22 PM

Status Closed

Priority 5

Asset Id _____

Layer Name _____

Description Check for a possible sewer back up at this address. Please make customer contact.

Comments Jetted the line 300 feet to stoppage. Stoppage was paracord. Spoke with customer. Resident contacted plumber before contacting us. Plumbing company (Torch Service Company) was the one that called it in. JA, TM, OM, JB, MQ, FB, and WR.

Customer Contact Made

Please select if customer contact was made via door hanger or speaking with the customer. Spoke with customer

Employees

Start Date	ID	Regular Hours	Overtime Hours	Total Cost
				\$0.00

Equipment

Start Date	ID	Total Usage	Total Cost
			\$0.00

Materials

Start Date	ID	Quantity	Total Cost
			\$0.00

Grand Total Cost: \$0.00