

DEFENDANT'S
EXHIBIT

86

CIV-2016-184-HE

NOTICE OF TORT CLAIM

ATTENTION: Frances Kersey, City Clerk
Oklahoma City Clerk's Office
200 North Walker, 2nd Floor
Oklahoma City, Oklahoma 73102
Hand Delivered

FILED

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CITY OF
OKLAHOMA CITY, OKLA
CITY CLERK

Pursuant to Title 51 O.S. § 156, you are hereby notified of Claimant's tort claim.

MMSEA INFORMATION

A. The Claimant's Social Security Number and/or Medicare Health Insurance Claim, full name, gender and date of birth:

Name: Jannie Pearl Ligons
Gender: Female
Full information will be provided upon request in a confidential filing:
SSI No.: Last four digit: -5816
Date of Birth: Month & year: July 1956

B. The venue whose state law controls the resolution of the claim: Oklahoma.

C. The date of incident (e.g., date of incident, date of first exposure, date of first ingestion): June 18, 2014.

D. The diagnosis and alleged cause of the injury/illness/incident: Emotional and physical pain and suffering caused by a sexual assault by Daniel Ken Holtzclaw.

E. The date a payment obligation was established, the total payment amount and the estimated date of funding: None at present.

F. Information about the injured party's representative:

Mark Hammons, OBA No. 3784
Amber L. Hurst, OBA No. 21231
Hammons, Gowens, Hurst & Associates
325 Dean A. McGee Avenue
Oklahoma City, Oklahoma 73102
Telephone: (405) 235-6100
Facsimile: (405) 235-6111

H. Information about the claimant (if the claimant is not the injured party/Medicare beneficiary, as in wrongful death cases), including his or her full name, Federal Tax Identification Number, mailing address, phone number and relationship to the injured party. Not applicable, except as to other similarly situated victims. Claimant does not presently have such information, however such information is in the possession of the City of Oklahoma City.

I. The type of insurance coverage provided, including the Federal Tax Identification Number of the applicable plan, the plan policy number and the relevant claim. Plaintiff does not have this information for the Respondent. Plaintiff's personal

information is: **Plaintiff does not have insurance covering this claim.**

Claimant's telephone: (405) 821-5671

CLAIM

The time, date, place and circumstances of her claims for damages are as follows:

1. The Claimant is Jannie Ligons, an adult female, African-American residing in Oklahoma County, Oklahoma. She brings this claim for herself and for other similarly situated victims of the actions of Daniel Holtzclaw.
2. Claimant and other middle aged African-American women were sexually assaulted and battered by Daniel Ken Holtzclaw, a lieutenant with the Oklahoma City Police Department. The assault and battery on the Claimant occurred on June 18, 2014 in Oklahoma County.
3. As a result of the sexual assault, Claimant and each other similarly situated victim suffered injuries in the form of physical, mental and emotional pain, trauma and distress for which each is entitled to compensation.
4. The actions of Daniel Ken Holtzclaw occurred during the course of his employment with the Oklahoma City police department and while he acting in the capacity of a police officer. Such actions were made possible only by the position and authority which the City of Oklahoma City vested in Holtzclaw.
5. The City of Oklahoma City was negligent in its hiring, supervision and retention of Holtzclaw and thus caused, contributed to, enabled and facilitated the injuries suffered by the Plaintiff and other similarly situated African-American females.
6. Such actions by Holtzclaw represent a sexual assault and battery and the use of excessive and unreasonable force and an unlawful and unreasonable seizure prohibited by and actionable under art. 2, §30 of the Okla. Const, a violation of Oklahoma due process and equal protection clause (art. 2, §7), racial discrimination and an unlawful and unreasonable seizure prohibited by the Fourth and Fourteenth Amendment of the United States Constitution made actionable through 42 U.S.C. §1983.
7. The damages arising from such injuries to the Claimant is an amount of One Hundred Seventy Five Thousand Dollars (\$175,000) and the damages for all similarly situated females is expected to be in the same amount.

Nothing contained herein shall be construed as a waiver or estoppel on behalf of claimant to commence litigation for personal damages against any Agency employee, in their individual capacity, who may have been responsible for the actions taken against Claimant.

DEMAND

Claimant and all similarly situated victims are seeking the maximum recovery allowed by law.

The name, address and telephone number of the authorized agents to settle the claim are as follows:

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Oklahoma City, Oklahoma 73102
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Facsimile: (405) 235-6111
Email: mark@hammonslaw.com
amberh@hammonslaw.com

***** Pursuant to Rule 4.2 of the Oklahoma Rules of Professional Conduct, please note all communication to Claimant should be directed in care of his counsel. *****

RESPECTFULLY SUBMITTED THIS 17th DAY OF JUNE, 2015.



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