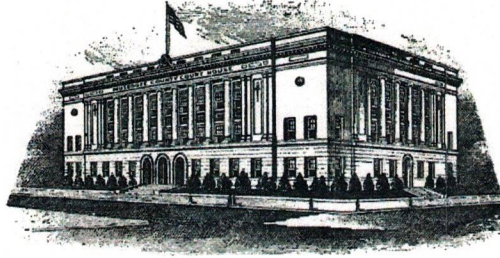


KEN DOKE
MUSKOGEE DISTRICT 1

KEITH HYSLOP
MUSKOGEE DISTRICT 2

KENNY PAYNE
MUSKOGEE DISTRICT 3



POLLY IRVING
COUNTY CLERK



SHEILA SHAMBLIN
SECRETARY

MUSKOGEE BOARD OF COUNTY COMMISSIONERS

P.O. BOX 2307 MUSKOGEE, OK 74402-2307 PHONE (918)682-9601 * FAX (918) 684-1697

RESOLUTION

Whereas: The Muskogee Board of County Commissioners met on the 25th day of October, 2021 to consider:

the use of the deductible fund to pay a claim in the amount of \$23,225.00 for damages to Muskogee Sheriff's Office 2018 Ford Explorer Police Interceptor 4D Ut, VIN#1FM5K8AR7JGA90442.

Whereas: a 2018 Ford Explorer Police Interceptor 4D Ut, VIN#1FM5K8AR7JGA90442, in the inventory of Muskogee Sheriff's Office was involved in an accident on 10/7/2021.

and

Whereas: the vehicle is a total loss with an acv in the amount of \$23,225.00.


and

Whereas: ACCO has requested authorization from the Board of County Commissioners to use the Deductible Fund to pay the damage claim for said Muskogee Sheriff's Office 2018 Ford Explorer Police Interceptor, in the amount of \$23,225.00.

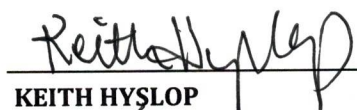
NOW, THEREFORE, BE IT RESOLVED;

The Muskogee Board of County Commissioners does hereby authorize ACCO-SIG to use the Deductible Fund to pay a claim for Muskogee Sheriff's Office, in the amount \$23,225.00, for damages to a 2018 Ford Explorer Police Interceptor 4D Ut, VIN#1FM5K8AR7JGA90442.

MUSKOGEE BOARD OF COUNTY COMMISSIONERS


ATTEST: POLLY IRVING
COUNTY CLERK




KEITH HYSLOP
CHAIRMAN


KENNY PAYNE
MEMBER


KEN DOKE
MEMBER

Sheila Shamblin

From: andyk@okacco.com
Sent: Monday, October 18, 2021 1:10 PM
To: bocc@readymuskogee.org; cc1@readymuskogee.org; khyslop@readymuskogee.org; 'Kenny Payne'
Subject: Sheriff vehicle damaged on 10-7-21
Attachments: Total loss report.pdf

I received the report back on the Sheriffs vehicle damaged on 10-7-21 it is a total loss with a ACV of \$23,225 and a Salvage bid of \$3000. Please let me know if you want to use the deductible fund for this loss and if the sheriff wants to turn the vehicle in for salvage.

Thank you

Andy Keller
County Claims of Oklahoma
Claims Representative
Email: andyk@okacco.com
(405) 516-5324 direct
(405) 308-4218 fax

TOTAL LOSS REPORT

Claim Number VAAC073504		Claim Representative ANDY KELLER		Claim Unit
Owner MUSKOGEE CTY SHERIFF		Phone Number (405) 516-5324		FAX Number
Insured MUSKOGEE CTY SHERIFF		Loss Code	Date of Loss 10/7/21	Date Reported
Location Address TOTAL LOSS, SHERIFF'S OFFICE, , MUSKOGEE, OK,			Phone Number (918) 687-0202	Towing Storage Per Day
Cause of Loss Collision				
VEHICLE DESCRIPTION				
Vehicle Description 2018 Ford Explorer Police Intercepto 4D Ut			License Plate Number CO27965	Expiration Date State OK
VIN 1FM5K8AR7JGA90442		Exterior Color BLACK		Interior Color
Drive Train 3.7L Inj 6 Cyl AWD	Tires GOODRICH 245/55R18			
Mileage 92,760	All Season <input checked="" type="checkbox"/>	Snow/Ice/Mud <input type="checkbox"/>	Radial Summer <input type="checkbox"/>	% of Wear LF 30 LR 30 RF 30 RR 30 SP 0
CONDITION				
		Above Avg	Avg	Below Avg
INTERIOR: <i>(Explain if other than average condition for year, make and model vehicle)</i>				
Seats:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpets:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dash:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Headliner:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXTERIOR: <i>(Explain if other than average condition for year, make and model vehicle)</i>				
Sheet Metal:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paint:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trim:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MECHANICAL: <i>(Explain if other than average condition for year, make and model vehicle)</i>				
Engine:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission:	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRIOR DAMAGE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Estimate Written: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Amount _____ Damage Location: _____		
OVERALL CONDITION: <input type="checkbox"/> Above Avg. <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Below Avg.				
SALVAGE WILL BE: <input type="checkbox"/> Salvage Brand <input type="checkbox"/> Irreparable Parts Only <input type="checkbox"/> No Brand				

Ron Myers
INSPECTED BY

10/14/21
DATE

EQUIPMENT / ACCESSORIES

DECOR / BODYSTYLE / TRIM	GENERAL OPTIONS Rear Window Defogger Cruise Control Tilt Steering Column	POWER OPTIONS Power Driver Seat Power Lock Power Window Power Steering Power Brake
ROOF OPTIONS	SAFETY OPTIONS Passenger Airbag Tire Inflation/Pressure Monitor	ELECTRONIC OPTIONS FM Radio
BODY TRIM OPTIONS	DRIVE TRAIN OPTIONS	WHEEL/SUSPENSION OPTIONS Anti-Lock Brake Sys.

Use this space to explain or describe Equipment/Accessories listed above and/or list and describe additional Equipment/Accessories.

4WD or AWD,

TOTAL LOSS SETTLEMENT

Method used to determine base price:

(Check one)

Computerized Evaluation

Comparable Vehicles

Book Value

COMPUTERIZED EVALUATION USED

Vendor Name: _____ Amount _____

Did you pay the computerized evaluation amount?

Yes No

If no, explain: _____

Adjusted Amount _____

COMPARABLE VEHICLES USED

	Source & Telephone Number	Quote By	Date	Make & Model	Available	Price
1.					No	
2.					No	
3.					No	

Vehicle number(s) used to determine base price: 1. 2. 3.

Explain any adjustments for difference in mileage, equipment condition, prior damage, etc: _____

Adjusted Amount _____

BOOK VALUE(S)

Book(s) used: NADA (CLEAN RETAIL VALUE) Basic Book Price \$25125.00

List additions or deductions for equipment, mileage, etc, and prior damage:

DEDUCT HIGH MILEAGE 2700.00, ADD DECAL KIT

300.00, REMOVE POLICE EQUIP 500.00

Adjusted Amount \$23225.00

Did you pay this amount?

Yes No

If No, explain _____

Base Price	\$	23225.00
Tax	+	0.00
Fees	+	0.00
Actual Cash Value	=	23225.00
Owner Retained Salvage	-	0.00
Deductible	-	0.00
Lienholder Payoff	-	0.00
Amount Paid Owner	\$	23225.00
Date Settled		

Salvage Disposition

Purchaser: B & B AUTO PARTS 405-769-3341-TREY

Date Sold	_____
Date Remittance Received	_____
High Salvage Bid	\$ 3000.00
Towing Expense	- _____
Storage Expense	- 0.00
Miscellaneous Expense	- 0.00
Net Salvage Return	\$ 3000.00

Remarks:

Disposition of Title:

Date: _____

CLAIM REP. SIGNATURE _____