

STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED

2025 APR -2 PM 1:26

NOTICE OF TORT CLAIM

POLLY IRVING
COUNTY CLERK

A. CLAIMANT REPORT TO : Muskogee County
(Name of county you are filing claim against.)

IMPORTANT NOTICE: The filing of this notice in the County 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 County and or its related entities. Written notice is required by law and shall be filed with the County Clerk within one (1) year from the date of occurrence. It will then be sent to the County Claims of Oklahoma Claims Department located at 429 N.E. 50th Street in Oklahoma City, Oklahoma (Ph # 800-982-6212) for further investigation. Failure to file your claim within such time frame may result in the claim being barred in its entirety. Other limitations to your claim may also apply (See Oklahoma Statutes, Title # 51, Section 151-172).

CLAIMANT(S) INFORMATION: (Each person making a claim must file a separate notice of tort claim)

Last Name: Unger First Name: Pamela Middle Initial: H

Address: [REDACTED] City: Muskogee State: OK Zip Code: 74403

Home Phone: [REDACTED] Cell Phone: [REDACTED] Email Address: [REDACTED]

Date/Time of Accident: 11-20-2024 at 9:21 (A.M.) P.M.

Location of Accident: 501 N. MAIN ST Post Office parking lot

Description of Accident:

While I was in post office - Derek Apple backed ~~was~~
backing up and backed into the rear of my vehicle.
He was very nice waited till I came out. Had called
the muskogee police Department and requested a report
made

Please identify any witnesses to the accident along with their respective addresses and or phone numbers if available.

1. _____
2. _____
3. _____

VEHICLE INSURANCE INFORMATION:

1. Have you filed a collision damage claim with your insurance company for these damages? Yes No X

1

E-MAILED
4/2/25 1:31

Dusty B.

2. Do you expect to be compensated for your vehicle damages from your insurance company? Yes ___ No X

3. If you have received payment from your insurance company what was the amount received \$ _____

MEDICARE/MEDICAID INFORMATION:

1. Are you currently receiving Medicare? Yes X No ___

2. Has any medical bill incurred as a result of this accident been paid by Medicare/Medicaid? Yes ___ No X

3. If so, please list your Medicare/Medicaid file number: _____

I understand that the Medicare/Medicaid information requested is to accurately coordinate benefits with Medicare/Medicaid and to meet it's mandatory reporting obligations under the Medicare Secondary Payer Act 42 U.S.C, Section # 1395Y.

Medicare/Medicaid Beneficiary Name (Please Print)

Medicare/Medicaid Beneficiary Name (Signiture)

BODILY INJURY:

List all injuries that you incurred as a result of the above described accident along with the total cost of medical expenses you have incurred to date along with any anticipated future medical expenses and or lost wages you may incur:

NONE

Were you on the job at the time of the accident/injury? Yes ___ No X

If you were on the job please list the name/address of your employer: _____

VEHICLE DAMAGE:

Pease outline all vehicle related damages that you incurred as a result of this accident along with attaching copies of any paid repair bills and estimates for the cost of all repairs:

Police report and repair estimate Attached

PERSONAL PROPERTY DAMAGE (Other than vehicle damage):

List all personal items that were damaged in the above described accident along with the age of the item along with the original cost. Also, include the costs to repair and or replace the items you have listed. Attach all receipts and or estimates to verify the amounts claimed along with any photograph's you may have of the damaged personal property.

	Amount Claimed
1. <u>NONE</u>	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED \$ _____	

Damela Unger
Signature of Claimant

4-2-2025
Date

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed
Investigation Made at Scene
Photographs

Y	N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Revised	<input checked="" type="checkbox"/>
Fatality	<input checked="" type="checkbox"/>
Hit and Run	<input checked="" type="checkbox"/>

(1) Reporting Agency MUSKOGEE POLICE DEPARTMENT		Case Number (Agency Use) 2024-00042744		Motor Vehicles Involved 02	Number Injured 00	Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 11202024		Time 0921	County Number and Name 51 Muskogee		Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 30 -24828 Near <input type="checkbox"/>		
(3) Distance from Nearest City or Town Limits MI <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> FL <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		Control # <input type="checkbox"/>	Int ID <input type="checkbox"/>	Location <input type="checkbox"/>	East Grid <input type="checkbox"/>	North Grid <input type="checkbox"/>	
(4) Street, Road or Highway 501 N MAIN ST		Distance from 410		(Nearest) Intersecting Street, Road or Highway DENISON ST			
(5) Unit 01	Occupants 01	Type D	Hit & Run <input type="checkbox"/>	Last Name APPLE	First DEREK	Middle STEVENSON	
(6) Address [REDACTED]		City MUSKOGEE	State OK	Zip 74402	Telephone (Use Area Code) [REDACTED]		
(7) Driver License Number N082928928		State OK	Class D	Endorsement(s) M	Restriction(s) 1	Inj. Sev. 1	
(8) Ejected 1		Extricated 1	Test 1	(% BAC) 0.0	Transported by Refused EMS	To Medical Facility [REDACTED]	
(9) VIN [REDACTED]		Vehicle Year 2024	Color WHI	2nd Color [REDACTED]	Make CHEV	Model 2500	
(10) Insurance Company Name 2 COUNTY COMMISSIONER SELF INSURED		Policy Number ACCO-SIG 2024		Insurance Telephone (Use Area Code) (918) 682-4511			
(11) Vehicle Removed by [REDACTED]		Owner's Last Name MUSKOGEE BOARD OF COUNTY COMMISSIONERS		First [REDACTED]	Middle [REDACTED]	Suffix [REDACTED]	
(12) Owner's Address [REDACTED]		City MUSKOGEE	State OK	Zip 74402	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 <input type="checkbox"/> 0 Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input checked="" type="checkbox"/> Phone in use <input type="checkbox"/>		
(13) Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]	Citation Number [REDACTED]	Statute/Ordinance Number [REDACTED]	Statute/Ordinance Number [REDACTED]		
(14) Unit 02		Occupants 00	Type C	Hit & Run <input type="checkbox"/>	Last Name [REDACTED]	First [REDACTED]	
(15) Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Telephone (Use Area Code) [REDACTED]		
(16) Driver License Number [REDACTED]		State [REDACTED]	Class [REDACTED]	Endorsement(s) [REDACTED]	Restriction(s) [REDACTED]	Inj. Sev. 0	
(17) Ejected 0		Extricated 0	Test 0	(% BAC) 0.0	Transported by [REDACTED]	To Medical Facility [REDACTED]	
(18) VIN [REDACTED]		Vehicle Year 2016	Color SIL	2nd Color [REDACTED]	Make LI NC	Model MOX	
(19) Insurance Company Name 2 SAFECO INS CO OF AMER		Policy Number [REDACTED]		Insurance Telephone (Use Area Code) [REDACTED]			
(20) Vehicle Removed by [REDACTED]		Owner's Last Name UNGER		First PAMELA	Middle [REDACTED]	Suffix [REDACTED]	
(21) Owner's Address [REDACTED]		City MUSKOGEE	State OK	Zip 74402	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 <input type="checkbox"/> 0 Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/>		
(22) Citation Number [REDACTED]		Statute/Ordinance Number [REDACTED]	Citation Number [REDACTED]	Statute/Ordinance Number [REDACTED]	Statute/Ordinance Number [REDACTED]		
(23) Investigating Officer Hendricks		Badge Number 528	Trp/Div. Assigned Patrol	Trp/Div. Location Patrol	Reviewer (Init.) [REDACTED]	Reviewer Badge Number [REDACTED]	
Date of Report (mm/dd/yyyy) 11202024							
Unit Type 0 Driver 1 Pedestrian 2 Conveyance 3 Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 9 Unknown		Type of Injury 0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 9 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol/Beverage 04 Illegal Drugs 05 Under the Influence of 06 Dizzy/Faint 07 Medications 08 Very Tired 09 Emotional 10 Other 99 Unknown	
Occupant Protection (OP) in Use 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homemade Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown					

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

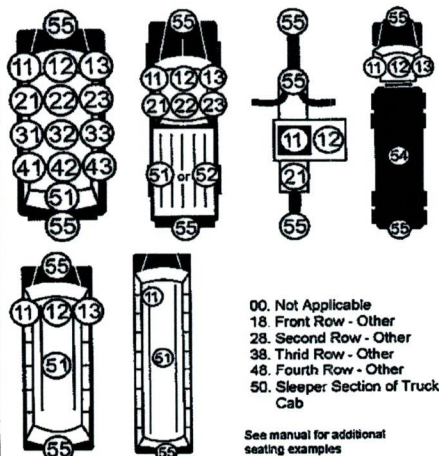
(24) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(25) Address	City			State	Zip	Telephone (Use Area Code)		
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(27) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(28) Address	City			State	Zip	Telephone (Use Area Code)		
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(30) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(31) Address	City			State	Zip	Telephone (Use Area Code)		
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(33) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(34) Address	City			State	Zip	Telephone (Use Area Code)		
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

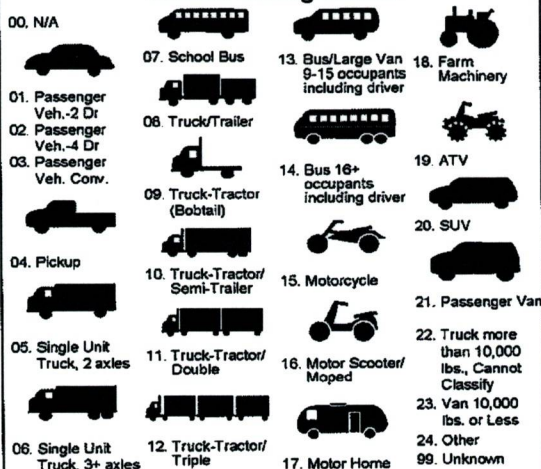
(36) Unit	Carrier Name	Address	
(37) City	State	Zip	
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		

GVWR	0 - 10K lbs.	Axle Qty.	Cargo Body	Vehicle Use
GCWR	10,001 - 26K lbs.			Interstate Commerce
	26K+ lbs.			Intrastate Commerce
Haz. Mat. Involved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Haz. Mat. Release	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Non-Commercial
				Government

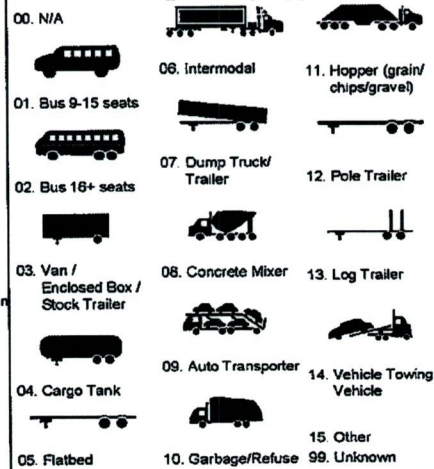
Position in Vehicle



Vehicle Configuration



Cargo Body Type



Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only				Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)		
Unit	1	2	3	Actions Prior to Collision	Location at Time of Collision	Safety Equip	Unit Number of Vehicle Striking	Yes	No	
This unit will correspond to Unit 1	01	00	15						<input type="checkbox"/>	
This unit will correspond to Unit 2	02	00	15						<input checked="" type="checkbox"/>	
Light		1	Unit 1 Unit 2		Unit 1 Unit 2		Type of Work Zone			
1 Daylight		11	13	0 Not Applicable		1 1		1 Lane Closure		
2 Dark-Not Lighted		00 Not Applicable		1 No Override or Override				2 Lane Shift/Crossover		
3 Dark-Lighted		01 Go Ahead		2 Underide, Compartment Intrusion				3 Work on Shoulder or Median		
4 Dawn		02 Turn Left		3 Underide, No Compartment Intrusion				4 Intermittent or Moving Work		
5 Dusk		03 Turn Right		4 Underide, Compartment Intrusion Unknown				9 Unknown		
6 Dark-Unknown Lighting		04 Make "U" Turn		5 Override, Motor Vehicle in Transport				Location of the Work Zone Collision		
7 Other		05 Stop		6 Override, Other Motor Vehicle				1 Before the First Work Zone Warning Sign		
9 Unknown		06 Slow for Cause		9 Unknown				2 Advance Warning Area		
Weather		01	Unit 1 Unit 2		Unit 1 Unit 2		Workers Present			
01 Clear		11	13	00 00		Yes		No		
02 Fog/Smog/Smoke		00 Not Applicable		00 No Control		Yes		Unknown		
03 Cloudy		01 Went Ahead		01 Stop Sign						
04 Rain		02 Turned Left		02 Traffic Signal						
05 Snow		03 Turned Right		03 Flashing Traffic Signal						
06 Steel/Hail (Freezing Rain/Drizzle)		04 Entered "U" Turn		04 School Zone Signs						
07 Severe Crosswind		05 Stopped		05 Yield Sign						
08 Blowing Snow		06 Slowed		06 Warning Sign						
09 Blowing Sand, Soil, Dirt		07 Started From Park/Stop		07 Railroad Advance Warning Sign						
10 Other		08 Entered Other Lane		08 Railroad Cross Bucks						
99 Unknown		09 Overtaking		09 Railroad Gates						
Locality		2	Unit 1 Unit 2		Unit 1 Unit 2		Trafficway			
1 Residential		11	13	00 00		Unit 1 Unit 2		Unit 1 Unit 2		
2 Business		00 Not Applicable		00 No Control		8 8		85 98		
3 Industrial		01 Went Ahead		01 Stop Sign						
4 School		02 Turned Left		02 Traffic Signal						
5 Not Built-up		03 Turned Right		03 Flashing Traffic Signal						
6 Mixed Use		04 Entered "U" Turn		04 School Zone Signs						
7 Other		05 Stopped		05 Yield Sign						
9 Unknown		06 Slowed		06 Warning Sign						
Type of Intersection		0	Unit 1 Unit 2		Unit 1 Unit 2		Vehicle Removal		Unsafe / Unlawful Contributing Factors	
0 Not an Intersection		00	00	00 00		Unit 1 Unit 2		Unit 1 Unit 2		
2 Y-Intersection		00 Not Applicable		01 Apparently Normal		01 01		01 From Stop Sign		
3 T-Intersection		01 Trees		02 Brakes				02 From Yield Sign		
4 Four-Way Intersection		02 Embankment		03 Headlights				03 Private Drive		
5 Five-Point or More Intersection as Part of Interchange		03 Building		04 Steering				04 County Road at Through Highway		
7 Traffic Circle		04 Signs		05 Tail Lights				05 From Signal Light		
8 Roundabout		05 Parked Vehicles		06 Brake Lights				06 From Alley		
9 Unknown		06 High Weeds		07 Tires/Wheels				07 To Pedestrian		
Incident Type		0	Unit 1 Unit 2		Unit 1 Unit 2		Vehicle Condition		08 To Vehicle on Right	
00 Not an Incident		00 Not Applicable		00 00		Unit 1 Unit 2		09 To Vehicle in Intersection		
51 Private Property		01 Trees		01 Dry		09 00		10 To Emergency Vehicles		
52 Deliberate Intent		02 Embankment		02 Wet				12 Other		
53 Medical Condition		03 Building		03 Ice/Frost				FOLLOWED TOO CLOSELY		
54 Legal Intervention		04 Signs		04 Snow				13 Human Element		
55 Suicide		05 Parked Vehicles		05 Mud, Dirt, Gravel				14 Traffic Condition		
57 Drowning		06 High Weeds		06 Slush				15 Weather Condition		
58 Other		07 Fences		07 Water (standing, moving)				UNSAFE SPEED		
Location of First Harmful Event		07	Unit 1 Unit 2		Unit 1 Unit 2		Special Function of Vehicle		16 Driver's Ability (Aged)	
01 On Roadway		08 Shrubbery		08 Sand		Unit 1 Unit 2		17 Inexperienced Driver - Young		
02 Shoulder		09 Ice, Snow or Frost on Windows		09 Oil		09 00		18 Exceeding Legal Limit		
03 Median		10 Smoke		10 Other				19 For Traffic Conditions		
04 Roadside		11 Fog		99 Unknown				20 For Type of Roadway (Gravel, Dirt, etc.)		
05 Gore		12 Dust		Road Character				21 For Ice or Snow on Roadway		
06 Separator		13 Rain		1 Level				22 Rain or Wet Roadway		
07 Parking Lane/Zone		14 Sun		2 Hillcrest				23 Wind		
08 Off Roadway, Location Unknown		15 Other		3 Uphill				24 Other Weather Conditions		
09 Outside Right-of Way		99 Unknown		4 Downhill				25 Vehicle Condition		
10 Other		Driver Distracted by		5 Sag (bottom)				26 View Obstruction		
99 Unknown		0 Not Applicable/None		Road Alignment				27 On Curve/Turn		
		1 Electronic Communication Devices		1 Straight				28 Impeding Traffic		
		2 Other Electronic Device		2 Curve - Left				29 Other		
		3 Other Inside Vehicle		3 Curve - Right				IMPROPER TURN		
		4 Other Outside Vehicle		Road Surface Type				30 From Wrong Lane		
		9 Unknown		1 Concrete				31 From Direct Course		
				2 Asphalt				32 Right		
				3 Gravel				33 Left		
				4 Dirt				34 Turn About/U-Turn		
				5 Brick				35 To Enter Private Drive		
				6 Other				36 In Front of Oncoming Traffic		
				9 Unknown				37 Other		
								38 CHANGED LANES UNSAFELY		
								39 STOPPED IN TRAFFIC LANE		
								40 For Stop Sign		
								41 For Traffic Signal		
								42 For School Bus		
								43 For Railroad Gates/Signal		
								44 For Officer/Flagman		
								45 At Sidewalk/Stopline		
								46 Other		
								UNSAFE VEHICLE		
								47 Brakes		
								48 Steering		
								Point of First Contact on Vehicle		
								Unit 1 Unit 2		
								5 7		
								Most Damaged Area		
								Unit 1 Unit 2		
								0 7		
								00 Not Applicable		
								13 Top		
								14 Undercarriage		
								99 Unknown		

Latitude

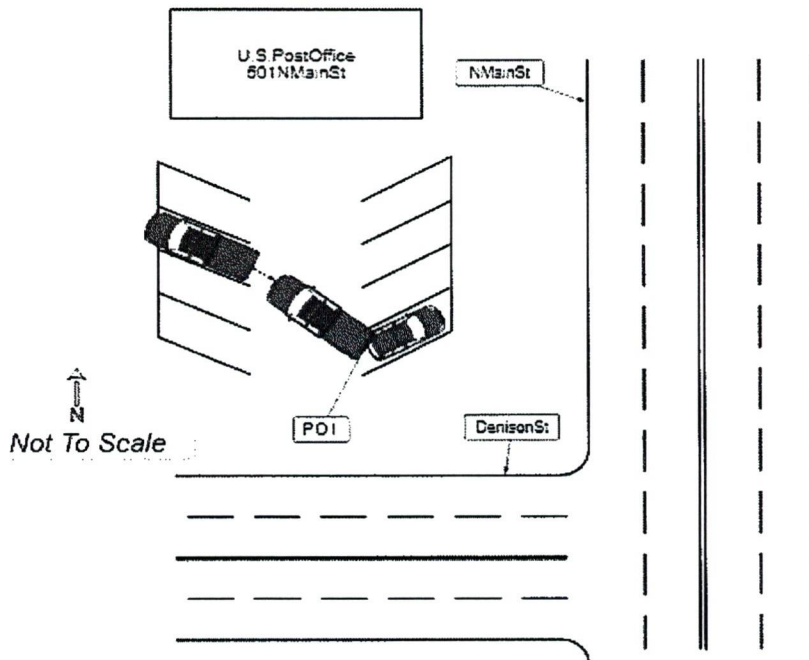
Longitude

Railroad Crossing Number

Roadway Orientation

Pg 4 of 5

35.75	034831	8835	N	-95.37	128130	2504	W	Unit Number	01	NE	N	Unit Number	02	NE	N
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COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	35	0	0	0	35	35
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	34	0	0	0	34	

00	Not Applicable	21	Fell/Jumped From Motor Vehicle
10	Overtorn/Rollover	22	Thrown Or Falling Object
11	Fire/Explosion	23	Other Non-Collision
12	Immersion		PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
13	Jackknife	30	Pedestrian
14	Cargo/Equipment Loss or Shift	31	Pedal Cycle
15	Equipment Failure (Blown Tire, Brake Failure, etc.)	32	Railway Vehicle (train, engine)
16	Separation of Units	33	Animal
17	Departed Road Right	34	Motor Vehicle In Transport
18	Departed Road Left	35	Parked Motor Vehicle
19	Cross Median/Centerline	36	Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
20	Downhill Runaway		

- | | | | |
|----------------------|----------------------------------|----|--------------------------------|
| 37 | Work Zone/Maintenance Equipment | 56 | Pavement Drop-Off |
| 38 | Other Non-Fixed Object | 57 | Ditch |
| FIXED OBJECT: | | 58 | Embankment |
| 40 | Barrier (Cable) | 59 | Tree (Standing) |
| 41 | Barrier (Concrete) | 60 | Dividing Strip |
| 42 | Barrier (Other) | 61 | Retaining Wall |
| 43 | Fence Pole | 62 | Bridge Abutment |
| 44 | Fence | 63 | Bridge Pier or Support |
| 45 | Traffic Signal Support | 64 | Bridge Rail |
| 46 | Traffic Sign Support | 65 | Bridge Post |
| 47 | Utility Pole/Light Support | 66 | Bridge Curb |
| 48 | Other Post/Pole/Support | 67 | Bridge Super Structure (Beams) |
| 49 | Guardrail/Guardrail Face | 68 | Bridge Overhead Structure |
| 50 | Guardrail End | 69 | Delineator |
| 51 | Culvert | 70 | Mailbox |
| 52 | Curb | 71 | Other Fixed Object |
| 53 | Island | 72 | Other Highway Structure |
| 54 | Sand Barrels | 73 | Ground |
| 55 | Impact Attenuator/ Crash Cushion | 99 | Unknown |

Remarks

2024-42744

Narrative by Officer E. Hendricks #528. My body camera failed to activate on this call.

Unit 01 was backing out of a parking stall at the U.S. Post Office located at 501 N Main St. The back right corner of Unit 01 made contact with the back left corner of Unit 02 which was unoccupied and legally parked in a parking stall one row to the east of where Unit 01 had been parked.

Unit 01 driver stated he was watching to make sure the front of his vehicle cleared the car parked to his right and failed to clear the rear of his vehicle.

Unit 02 was unoccupied and the owner was inside the post office at the time of the accident.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



There wer no injuries and both vehicles were driven from the scene.

The approximate POI for this accident was 305 feet west of the west curbline of N Main St and 410 feet north of the north curbline of Denison St.





3 Rivers Auto Collision

Workfile ID:

0a8ee95f

20113rivers@gmail.com
2631 N. Main St., MUSKOGEE, OK 74401
Phone: (918) 913-9125
FAX: (918) 913-9128

Estimate

RO Number:

Customer:
Unger, Pam

Insurance:

Adjuster:

Estimator:

Tootie Willis

Phone:

Create Date:

4/1/2025

Claim:

Loss Date:

Deductible:

Muskogee, OK 74403

2016 LINX MKX Reserve AWD 4D UTV 6-2.7L Turbocharged Gasoline Gasoline Direct Injection

VIN:

Interior Color:

Mileage In:

Vehicle Out:

License:

Exterior Color:

Mileage Out:

State: OK

Production Date:

Condition:

Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		QUARTER PANEL						
2	E01	Remove/Install	RT Wheel opng mldg				0.3	Body	
3	E01	Remove/Install	LT Wheel opng mldg				0.3	Body	
4	E01		REAR BUMPER						
5	E01	Overhaul	O/H bumper assy			OEM	3.3	Body	
6	E01	Remove/Replace	Bumper cover	1	454.15T	OEM	0.0	Body	2.6
7	E01		Add for Clear Coat						1.0
8	E01	Remove/Replace	Lower cover w/o trailer package, w/o tow hook w/auto park	1	746.62T	OEM	0.0	Body	
9	E01		VEHICLE DIAGNOSTICS						
10	E01	Remove/Replace	Pre-repair scan				0.5	Mech	
11	E01	Remove/Replace	Post-repair scan				0.5	Mech	
12	E01		MISCELLANEOUS OPERATIONS						
13	E01	Remove/Replace	Cover Car	1	10.00T	Other	0.2	Body	
14	E01	Refinish	Tint Color						1.0
15	E01		Recalibration if needed Per Invoice	1	0.01T	Other			

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					1,210.78
Labor, Body			68.00	4.1	278.80
Labor, Refinish			68.00	4.6	312.80
Labor, Mechanical			125.00	1.0	125.00
Material, Paint			50.00	4.6	230.00
Material, Shop			5.00	1.2	6.00
E.P.C.					5.00
Subtotal					2,168.38

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

4/1/2025 11:21:18 AM

Page 1

Estimate

RO Number:

2016 LINC MKX Reserve AWD 4D UTV 6-2.7L Turbocharged Gasoline Gasoline Direct Injection

Sales Tax	74.77
Grand Total	2,243.15
Net Total	2,243.15

Estimate Version	Total \$
Original	2,243.15

Insurance Total \$:	2,243.15
Received from Insurance \$:	0.00
Balance due from Insurance \$:	2,243.15

Customer Total \$:	0.00
Received from Customer \$:	0.00
Balance due from Customer \$:	0.00

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LIQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

4/1/2025 11:21:18 AM



COUNTY CLERK <countyclerk.muskogee@gmail.com>

Re: Tort Claim

1 message

Dusty Birdsong [REDACTED]

Wed, Apr 2, 2025 at 8:12 PM

To: COUNTY CLERK <countyclerk.muskogee@gmail.com>

Received

Dusty

On Wed, Apr 2, 2025 at 1:35 PM COUNTY CLERK <countyclerk.muskogee@gmail.com> wrote:

STATE OF OKLAHOMA
MUSKOGEE COUNTY
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2025 APR -3 AM 7:48
POLLY IRVING
COUNTY CLERK