

**NOTICE OF TORT CLAIM**

Muskogee County Clerk  
P.O. Box 2301

**A. CLAIMANT REPORT TO :**

Muskogee, Oklahoma 74402  
(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. 50<sup>th</sup> 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: Tyson First Name: Shari Middle Initial: M

Address: [REDACTED] City: Muskogee State: OK Zip Code: 74401

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

Date/Time of Accident: 12/11/2020 AM at 10:15 A.M. / P.M.

Location of Accident: Muskogee no actual accident

**Description of Accident:**

Got picked up from the Parkers family clinic on 12/11/2020 from a doctors appt. at 10:15 AM. The Muskogee County driver was driving d radically. Making sudden stops speeding running stops signs flying in the middle of intersection while a red light. I had to call the cops on the man driving the van while on the way home. I got injured and want to file a suite.

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

- One old lady when Muskogee County driver picked me up.
- Another before he dropped me off.
- \_\_\_\_\_

**INSURANCE INFORMATION:**

1. Have you filed a claim with your insurance company for these damages? Yes \_\_\_ No ✓

2. Do you expect to be compensated for your damages from your insurance company? Yes \_\_\_ No
3. If you have received payment from your insurance company what was the amount received \$ \_\_\_\_\_
4. What is your deductible amount? N/A

**MEDICARE/MEDICAID INFORMATION:**

1. Are you currently receiving Medicare? Yes \_\_\_ No
2. Has any medical bill incurred as a result of this accident been paid by Medicare/Medicaid? Yes  No \_\_\_
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 its mandatory reporting obligations under the Medicare Secondary Payer Act 42 U.S. C, Section # 1395Y.

Shari Tyson  
 Medicare/Medicaid Beneficiary Name (Please Print)

Shari Tyson  
 Medicare/Medicaid Beneficiary Name (Signature)

**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:

Right Shoulder  
Right knee  
Lower Back

Were you on the job at the time of the accident/injury? Yes \_\_\_ No

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

**PROPERTY DAMAGE:**

Please outline all property 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:

ST. My right shoulder  
ST. Right knee  
ST. Lower Back

**PERSONAL PROPERTY 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. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
<b>TOTAL AMOUNT CLAIMED</b>	<b>\$ _____</b>

Shari Jypen  
Signature of Claimant

11/3/2021  
Date



To: Whom it may concern

Incident date: Dec 11, 2020


I mailed a Tort form, and my police report that I made 12/11/2020.

They did not mail it back to me like I asked. I would like to file a lawsuit against the Muskogee County Transit company. This would be the 4<sup>th</sup> OR 5<sup>th</sup> time with them driving with me very recklessly.

On Dec. 11 2020 a man named Bill was driving really crazy with me in the van I have my doctors report, but am not sending them because I did not get my police report that I mailed to the address on this Tort form claim to Oklahoma City, Oklahoma 429 N.E 50<sup>th</sup> Street. The man said that he did not receive my tort form + police report. Well I got injured that day right knee, lower back and my shoulder right from the seat belt I am now going to pain management regarding this incident. I haven't been going because



my back has not been bothering me  
now, also my shoulder and knee. Can  
you please let someone know that I  
want some compensation for this  
please. I only have one medical form  
regarding this incident Parkerfamil  
Clinic and Neo Health sent me to pain  
management, Thank You  
My police report is shared  
at the police station.



1 1/8

Harry

Denny

Imperial

County, Calif., U.S.A.