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3/2/2022

NOTICE OF TORT CLAIM

Muskogee County Clerk
P.O. Box 2307

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. 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: Neese First Name: Robert Middle Initial: C

Address: [REDACTED] City: Checotah State: OK Zip Code: 74426

Home Phone: _____ Cell Phone: [REDACTED] Email Address: [REDACTED] .com

Date/Time of Accident: 03 FEB 2022 at 0640 AM / P.M.

Location of Accident: 265 + YORK ST Muskogee, OK

Description of Accident:

Slick snowy conditions could not stop at light got hit on passenger side by Tyler Lowe Muskogee County Sheriff

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

1. _____
2. _____
3. _____

INSURANCE INFORMATION:

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. _____ | \$ _____ |
| TOTAL AMOUNT CLAIMED | \$ _____ |

Signature of Claimant

Date