

NOTICE OF TORT CLAIM

STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED

2023 SEP -3 AM 10:16

A. CLAIMANT REPORT TO :

(Name of county you are filing claim against)

JULY IRVING
COUNTY CLERK

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: Gamm First Name: Jerry Middle Initial: W

Address: [REDACTED] City: Muskogee State: OK Zip Code: 7440

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

Date/Time of Accident: 08/30/2023 at 3:15 A.M. / P.M.

Location of Accident: 6031 W. 22nd St Muskogee, OK 74401

Description of Accident:

I backed into a decorative concrete pillar at the edge of the driveway. It fell over, cracked, and one corner came off. I left a note on the owners door. She came home as we were about to leave. I told her what happened. She didn't seem upset. She told me that ~~the~~ column or pillar had been hit before by someone else.

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

1. Evan Shook Field Appraiser Muskogee County Assessor's Office
2. _____
3. _____

VEHICLE INSURANCE INFORMATION:

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

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

None

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: _____

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:

Scratched paint on rear bumper.



Muskogee

Assessment Property Record Card

Data provided by Ron Dean County Assessor

Date 08/30/2023
 Time 15:40:15
 Page 1

Assessment Data					Primary Image																																																																																																																				
Account 510044231 Parcel ID 0420-18-000-006-3-029-06 Cadastral ID 0014 0029 06 Property Type REAL - Real Property Property Class RR Tax Area 33 - 20B-MUSKOGEE Name ID 239062 BONANNO, LUCIANO 6031 W 22ND ST NORTH MUSKOGEE OK 74401 Parcel Location Situs 06031 W 22 N Subdivision BENTREE 2ND Lot/Block 0006 / 0000 Parcel Size 98000 - Square-Feet Sec/Twn/Rng / / / Neighborhood 102 - Musk VI-1 Q-2 School District I-20 - MUSKOGEE																																																																																																																									
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Muskogee

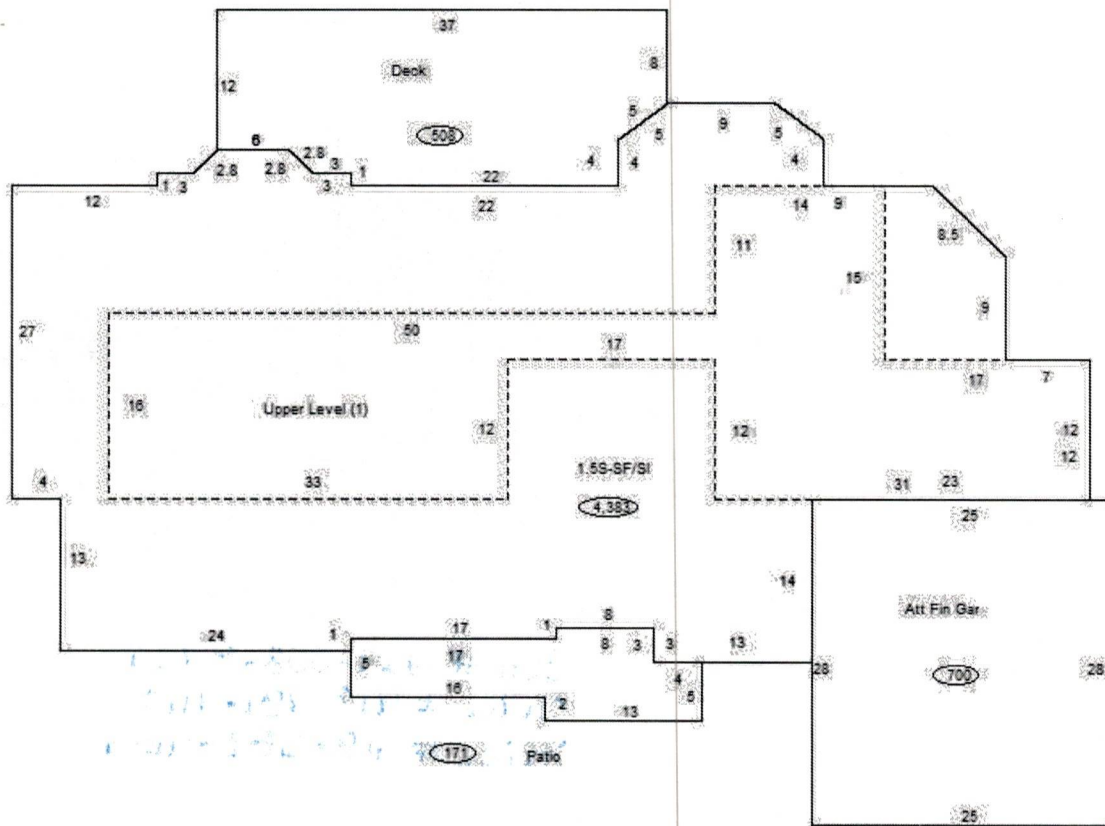
Assessment Property Record Card

Data provided by Ron Dean County Assessor

Date 08/30/2023
 Time 15:40:16
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Sketch Image

510044231



Sketch Vector Information

Sequence	Code	Type	Built Over	Scale	Section Label	Base Area	Multiplier	Total Area
1	G	5		13	Att Fin Gar	700	1.000	700
2	M	PATC		13	Patio	171	1.000	171
3	M	WODO		13	Deck	508	1.000	508
4	R	5	Slab	13	1.5S-SF/SI	3,205	1.368	4,383
5	U	^UL		13	Upper Level (1)	1,178	1.000	1,178
Total Building Area						3,205		5,561