

NOTICE OF TORT CLAIM

2023 SEP 19 PM 3: 28

POLLY IRVING
COUNTY CLERK

A. CLAIMANT REPORT TO : Muskogee
(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: Gann First Name: Jerry Middle Initial: W

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

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

Date/Time of Accident: ~~2022~~ 09/19/2022 at 2:00 PM A.M. / P.M.

Location of Accident: 11199 S. Hughart Cemetary Rd.

Description of Accident:

I was trying to do a back and turn down a narrow rough driveway. I bumped into a large rock beside the driveway. The rock scraped the paint on the right rear quarter panel, behind the rear tire. There were dogs running around loose. I was trying not to run over one of them

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

1. Steve sharp [REDACTED] Muskogee OK photo3 [REDACTED]
2. _____
3. _____

VEHICLE INSURANCE INFORMATION:

1. Have you filed a collision damage claim with your insurance company for these damages? Yes ___ No X
This is a County owned vehicle

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 \$ X

MEDICARE/MEDICAID INFORMATION:

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

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 (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 X No ___

If you were on the job please list the name/address of your employer: Muskogee County Assessor
400 W. Broadway Muskogee, OK 74401

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:

Damage to paint on the right rear quarter panel, beside the rear tire

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. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ <u> </u>

Jerry W. Gann
Signature of Claimant

09/19/2022
Date

EMAILED

E-MAILED
9/19

Denny