

NOTICE OF TORT CLAIM

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: Ross First Name: Julie Middle Initial: E.

Address: [Redacted] City: Ft. Gibson, OK State: 74434 Zip Code: 74434

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

Date/Time of Accident: 08/19-08/22 2022 at _____ A.M. / P.M.

Location of Accident: 150 N Painted w/ P Road, Ft. Gibson

Description of Accident: I was awake from sleep because of another false police call from Pot Farmers next door. I assumed but it was a welfare check by step daughter. Never the less it was wrong. I was asked by two Musk deputies to come out + visit (very subtle). We were done talking + I turned to go back to bed + they jumped and beat me from behind and on ground. No charge against me - I was taken to St. Francis w/ zero medical attention - Handcuffed for injured my wrist + shoulders, I have not been able to work because of PTSD, Bruise (TBE), my body was broken, reputation injury + credit - No money!

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

1. John Ross, Jr (918) [Redacted] "He was told I did nothing wrong"
2. Rikki Ross Overton (918) [Redacted] "welfare check only"
3. _____

I wasn't aware of what was happening because I was asleep!
Beats with fist, knees, kicked - - Deputies lied

VEHICLE INSURANCE INFORMATION:

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

I was falsely imprisoned for three days and three nights w/ spinal injuries - No medical attention was provided by St. Francis Nor Musk Co. Jail -

I won a Protective Order against Pot Farmer last Nov '22 Repeated false Police calls No sure if that's "Swattings"

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 \$ No

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: N/A

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:

My Neck at C6; lower back ATBI, Ribs out of place, Whiplash,

PTSD, T hnd RA + the deputies injured my fingers, Feet, Knees,

head, neck, back, shoulders & trunk -

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: N/A

VEHICLE DAMAGE:

Please 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:

N/A

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

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

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: Total cost cannot be calculated because I will never heal.

List all injuries that you incurred as a result of the above described accident along with the total cost of medical

1. my hands, feet, back, neck, knees, bruise, + head-
2. PTSD from attack
3. I will give full access to my Medical Portal at Cherokee Nation.
4. Trunk injuries - Ribs out of place for months. could move for months without pain
5. Wipe lash for months
6. 17 months Not able to work because of cognition issues.
7. I had just been diagnosed w/ severe RA + started on Humera. I could understand until after attack - my body was broken + I could ^{not} move for months -
 no pain until attack
8. My Heart was broken + spirit 9. my shoulders all the time now

Nov 1, 2022

Dear Board of Review:

Please review why I was awake
and beat by three Muskogee Co. deputies?
August 15th I was beat w/ fist + knees
by your officers.

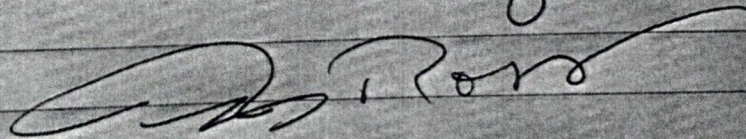
I was falsely imprisoned by Musk,
Co. Jail for three days + night, naked
with spinal injuries with no medical attention.

I was never detained nor told I was
arrested if so I would have totally
cooperated.

This has much to do with McGirt
Somehow I wasn't ever told what
I did. I'm sure the video
will reveal I was jumped + beat.

I believe I was violated for
absolutely no reason "unnecessary force"
MRI reveals what they did + PTSD
diagnosis too.

Best + seeking Justice,



Julie Etta Kiddie Ross



Ross Inbox x



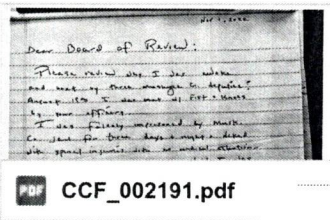
Polly Irving <polly.clerk@gmail.com>
to ANDY, Dusty

Thu, Jan 18, 11:00 AM

Polly Irving

Muskogee County Clerk
Ofc: (918) 682-2169
Cell: (918) 781-9092

One attachment • Scanned by Gmail



Dusty Birdsong <dustyb@okacco.com>
to Denny, me, ANDY

Thu, Jan 18, 11:09 AM

Received.

Dusty Birdsong