STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED

2024 SEP 12 AM 9:52

COUNTY CLERK

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 Statues, Title # 51, Section 151-172).

CLAIMANT(S) INFORMATION: *(Each person making a claim must file a separate notice of tort claim)*

Last Name: Eubanks First Name: James Middle Initial: B

Address: 556 E 123rd St S City: Oktaha State: Ok Zip Code: 74450

Home Phone: _____ Cell Phone: [redacted] Email Address: _____

Date/Time of Accident: 9/11/24 at 8:15-8:30 (A.M.) / P.M.

Location of Accident: S 13th St E, Muskogee (Keefeton)

Description of Accident:

Struck a very large rock that the road grader had pushed up into road.

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

1. The grader driver that called county & highway patrol
2. _____
3. _____

VEHICLE INSURANCE INFORMATION:

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

E-MAILED
9/12 9:55AM
TO Dusty Birdsong

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.

JamesBrian Eubanks — James Brian Eubanks

Medicare/Medicaid Beneficiary Name (Please Print) — Medicare/Medicaid Beneficiary Name (Signiture)

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:

Front of the chassis where radiator support is is destroyed. Front bumper heavily damaged. Airbags deployed. Foglights destroyed.

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 $_____

Brian Eubanks
Signature of Claimant

9/11/24
Date

Gmail **COUNTY CLERK <countyclerk.muskogee@gmail.com>**

Tort Claim

2 messages

COUNTY CLERK <countyclerk.muskogee@gmail.com> Thu, Sep 12, 2024 at 9:52 AM
To: dustyb@okacco.com

scan.pdf
417K

dustyb@okacco.com <dustyb@okacco.com> Thu, Sep 12, 2024 at 11:01 AM
To: COUNTY CLERK <countyclerk.muskogee@gmail.com>

Received.

Dusty

From: COUNTY CLERK <countyclerk.muskogee@gmail.com>
Sent: Thursday, September 12, 2024 9:52 AM
To: dustyb@okacco.com
Subject: Tort Claim