

Muskogee

STATE OF OKLAHOMA MUSKOGEE COUNTY EU ED OR RECORDED

. OLANANT DEDORT TO	. Colored Educates
A. CLAIMANT REPORT TO	(Name of county you are filing claim against.)
	COUNTY CLERK
indicate in any manner the acceptance and shall be filed with the County Clerk Oklahoma Claims Department located	s notice in the County Clerk's office is only the initial step in the claim process and does not of responsibility by the County and or its related entities. Written notice is required by law within one (1) year from the date of occurrence. It will then be sent to the County Claims of at 429 N.E. 50 th Street in Oklahoma City, Oklahoma (Ph # 800-982-6212) for further within such time frame may result in the claim being barred in its entirety. Other limitations ahoma Statues, Title # 51, Section 151-172).
	tion a plaim must file a separate notice of tort claim)
CLAIMANT(S) INFORMATION	: (Each person making a claim must file a separate notice of tort claim)
ast Name: Carmacu - U	oung First Name: Stacy Middle Initial: L
I ARD ILL TID PA	that New to State: () Zip Code: 1117
ddress: WASO VO TO TO	918-351-655/e Email Address: Stacy Carmack@gmail.com
lome Phone: 418, 30, 550 Cell	Phone: 918-351-5556 Email Address: Stacy Carmack@gmail.com
Date/Time of Accident: 1.28.	25 at 9:09 (A.M) / P.M.
	16
of my mopers on the bridge, I passed a and a rock flew of the dumpticle. Discound, I immediately any witnesses to the available.	HWY 16 Between Okay & Muskagee. Passed one reside of the Road as I came to the River musleogee county dump truck headed NB— and busted my windshield, as I passed le to 2 lake righway was unable to turn ituy phoned in my LT as well as the roadside e accident along with their respective addresses and or phone numbers if
3.	
VEHICLE INSURANCE INFORMAT	ION:
1. Have you filed a collision dama	ge claim with your insurance company for these damages? YesNo

2. Do you expect to be compensated for your vehicle damages from your insurance company? Yes No $\overline{ imes}$
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
1. Are you currently receiving Medicare? FesNo 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 (Signiture)
Eist 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:
Were you on the job at the time of the accident/injury? Yes No X If you were on the job please list the name/address of your employer: no - headed to work at the Oulahoma Highway Patrol
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: **ELAVGE WINDShield Damage Thave spale of our fleet whiches that can fix it about as cheap as anyone.
* LT Tommy Mullis spoke w/ Bran De Shage of was told how to filethis alongside the pictures texted to him.

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.

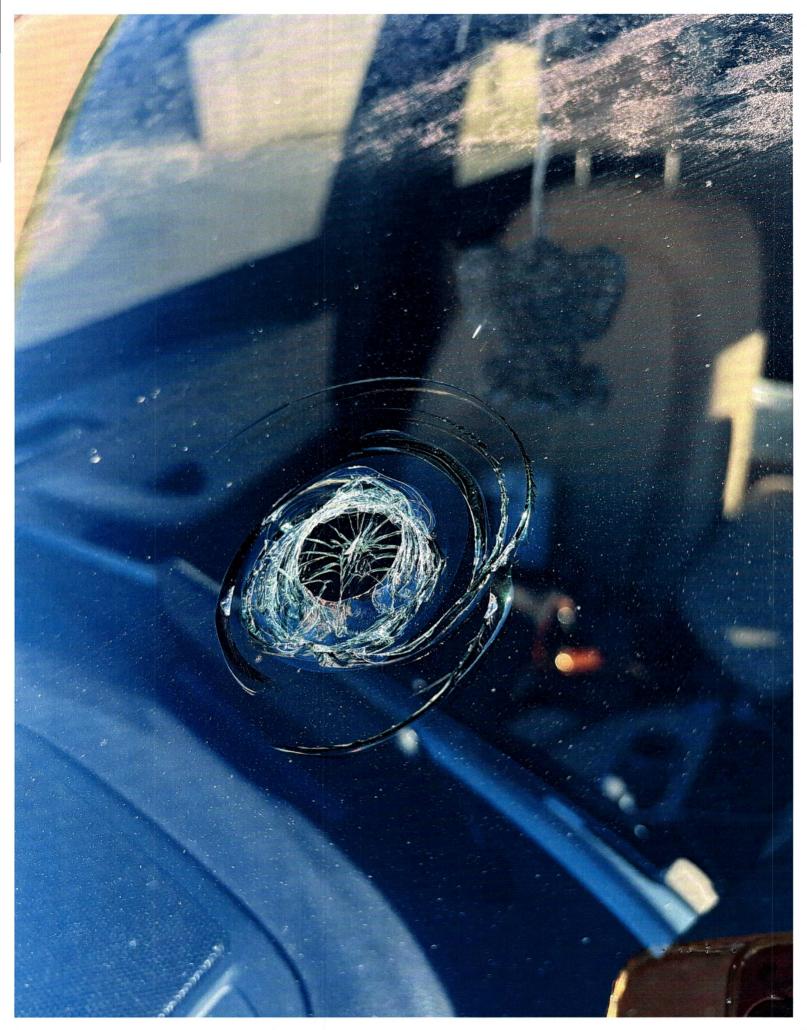
Amount Claimed

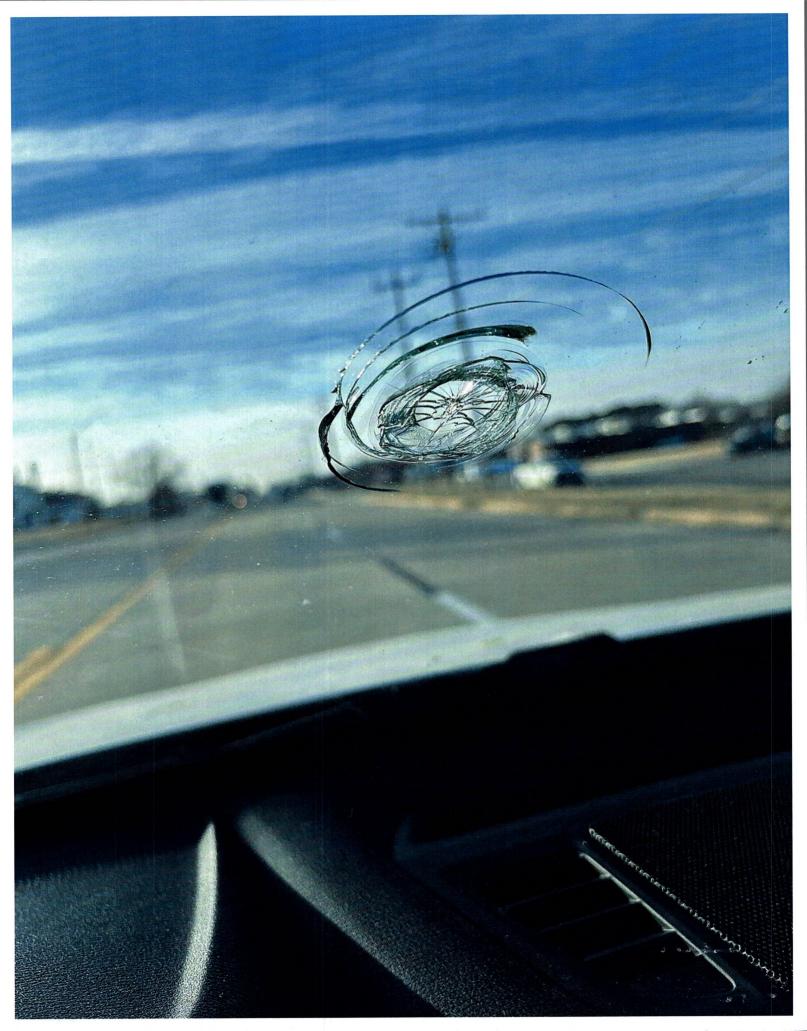
1.		\$	
2.		\$	
3.		\$_	
4.		\$	
~ •	TOTAL AMOUNT CLAIMED	\$_	

Signature of Claimant

1-28-25

Date







COUNTY CLERK <countyclerk.muskogee@gmail.com>

Re: Tort Claim

1 message

Dusty Birdsong dustyb@okacco.com
To: COUNTY CLERK countyclerk.muskogee@gmail.com

Tue, Feb 25, 2025 at 2:53 PM

Received

Dusty

On Tue, Feb 25, 2025 at 2:40 PM COUNTY CLERK <countyclerk.muskogee@gmail.com> wrote: