

E-MAILED
2-25-25 @ 2:34
to: Dustyb@kacco.com

NOTICE OF TORT CLAIM

STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED

2025 FEB 25 PM 2:34

A. CLAIMANT REPORT TO :

Muskogee

(Name of county you are filing claim against.)

POLLY ISVING
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: Carmack-Young First Name: Stacy Middle Initial: L
Address: 6250 W 710 Rd City: Hulbert State: OK Zip Code: 74441
Home Phone: 918-351-5556 Cell Phone: 918-351-5556 Email Address: stacyl.carmack@gmail.com
Date/Time of Accident: 1.28.25 at 9:09 (A.M.) / P.M.
Location of Accident: HWY 116

Description of Accident:

Was heading SB on HWY 116 Between Okay & Muskogee. Passed one of my troopers on the side of the Road, as I came to the River bridge, I passed a muskogee county dump truck headed NB- and a rock flew and busted my windshield, as I passed the dump truck. Due to 2 lane Highway I was unable to turn around, I immediately phoned in my Lt as well as the roadside trooper.

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

1. _____
2. _____
3. _____

VEHICLE INSURANCE INFORMATION:

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

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 \$ _____

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:

No body Injuries

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 Oklahoma Highway Patrol

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:

* Large Windshield Damage I have spoke w/
a guy who fixes some of our fleet vehicles
that can fix it about as cheap as anyone.

* LT Tommy Mullis spoke w/ Brian DeShazo &
was told how to file this 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>

Tue, Feb 25, 2025 at 2:53 PM

To: COUNTY CLERK <countyclerk.muskogee@gmail.com>

Received

Dusty

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