## NOTICE OF TORT CLAIM

2025 JUL 11 AM 9: 21

| A. CLAIMANT REPORT TO: Muskoull              | POLLY IRVING |
|--|--------------|
| (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: Tollette First Name: Devin Middle Initial: R  |
| Last Name: Tollette First Name: Devin Middle Initial: R  Address: 49049 1844 5t W City: Bointon State: 015 Zip Code: 74422 |
| Home Phone: Cell Phone: 918-441-0699 Email Address: devintalette@ogmail. Com   |
| Date/Time of Accident: 7/10/2025 at 9:00 (A.M. / P.M.  |
| Location of Accident: HWY 16   |
| Description of Accident:   |
| As I was entering Muskages on Hwyll one of the local count;  |
| dump truck had a tailgate failure which is seed to dump its  |
| load across the highway other vehicles sicked up the debri   |
| which in turn crased my windshield   |
|  |
|  |
| 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 damage  | ges 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:  |  |  |  |  |  |
| Are you currently receiving Medicare? Yes No  |  |  |  |  |  |
| 2. Has any medical bill incurred as a result of this accident l   | been paid by Medicare/Medicaid? Yes No   |  |  |  |  |
| 3. If so, please list your Medicare/Medicaid file number:   |  |  |  |  |  |
| I understand that the Medicare/Medicaid information reques Medicare/Medicaid and to meet it's mandatory reporting obl U.S,C, Section # 1395Y. | ted is to accurately coordinate benefits with igations under the Medicare Secondary Payer Act 42 |  |  |  |  |
|   |  |  |  |  |  |
| 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 de expenses you have incurred to date along with any anticipa incur:             |  |  |  |  |  |
|   |  |  |  |  |  |
| Were you on the job at the time of the accident/injury? Yes   |  |  |  |  |  |
| VEHICLE DAMAGE:  Pease outline all vehicle related damages that you incurred of any paid repair bills and estimates for the cost of all repa  | as a result of this accident along with attaching copies irs:                                    |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

## 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 |        |                |
|    |                       |                      |        |                |
|    |                       |                      |        |                |
|    | Derin Collette        |                      |        | 7/10/25        |
|    | Signature of Claimant |                      |        | Date           |



## COUNTY CLERK <countyclerk.muskogee@gmail.com>

## Re: Tort Claim

1 message

**Dusty Birdsong** <a href="mailto:com">dustyb@okacco.com</a>
To: COUNTY CLERK <a href="mailto:com">countyclerk.muskogee@gmail.com</a>

Fri, Jul 11, 2025 at 9:39 AM

Received

Dusty

On Fri, Jul 11, 2025 at 9:25 AM COUNTY CLERK <countyclerk.muskogee@gmail.com> wrote: