STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED

2026 JUN 26 PM 4:08

POLLY IRVING
COUNTY CLERK

NOTICE OF TORT CLAIM

A. CLAIMANT REPORT TO : Muskogee County
(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: McKee First Name: Kasidie Middle Initial: N.

Address: 826 S York St. APT 7B City: Muskogee State: OK Zip Code: 74403

Home Phone: N/A Cell Phone: (918) 360-0214 Email Address: ytk64275@gmail.com

Date/Time of Accident: Tuesday 06/09/26 at 22:33 A.M. / P.M.

Location of Accident: 2415 Chandler R.d., Muskogee (McDonalds)

Description of Accident:

I was driving around McDonalds drive-thru and while I was driving I got hit on my driverside door by a Muskogee county Sheriff Vehicle. It scared me and I parked because my 8 month old was sitting right behind me. The Sheriff pulled over as well. After I checked on my boyfriend and my daughter, I saw that he had called it in so we waited for a officer to arrive.

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

1. Chance Rolston 826 S York St. APT 7B Muskogee OK., 74403 #: (918) 360-1200
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 $ N/A (0)

MEDICARE/MEDICAID INFORMATION:

1. Are you currently receiving Medicare? Yes X No ___

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: 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.

Kasidie McKee — Kasidie Mckee

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:

N/A

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: N/A

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:

damage to left side, driver door, back passenger, and front left side of my vehicle

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.	Infant Carseat (got it 7 months ago)	$ 139.00
2.	Infant Carseat (estimate)	$ 139.00
3.		$
4.		$
	TOTAL AMOUNT CLAIMED	$ 139.00

Kaidie Mckee
Signature of Claimant

06/11/26
Date

Oklahoma Official Collision Report

MRN 2606001805
Case Number 2026-19033

Type	Vehicles	Commercial	Pedestrians	Pedalcyclists	Injuries	Fatalities	Photos Taken	Witness
Crash	2	0	0	0	0	0	No	No

Overview

Location	County	City	Latitude	Longitude
2415 CHANDLER RD, Muskogee	Muskogee	Muskogee	35.74031	-95.33988

Date of Collision	Day of Week	Time of Collision	Date of Report	Locality	Crash Severity	Manner of Crash
06/09/2026	TUESDAY	22:33	06/09/2026	Business	(O) Property Damage-Only	Sideswipe, Same Direction

Unit 1

# Occup	Last Name	First Name	MI	SFX
1	GAUNTT	BRANDON	M	

Hit and Run	Non Contact	Address	Phone #
☐	☐	5115 W 826 RD	(918) 310-7444

Country	City	State	Zip	Date of Birth	Age	Sex
USA	FORT GIBSON	OK	74434	03/21/2002	24	M

DLN	DL State	DL Class	DL Status
A088123019	OK	D/Regular	Valid License

Injury Severity	Injury Area	Condition
(O) No Apparent Injury		Apparently Normal

Restraint Systems	Air Bag
Shoulder and Lap Belt Used	Not Deployed

Ejected	Extricated	Phone in Use
Not Ejected	No	NO

Endorsements	Restrictions

Alcohol Suspected	Test Status	Alcohol Method	BAC	Pending
NO	Test Not Given			

Drug Use Suspected	Test Status	Drug Method	Drug Test Results	Pending
NO	Test Not Given			

Citation #	Statute/Ordinance

Owner Information

☐ Driver is Owner

Business Name: MUSKOGEE COUNTY SHERIFF

Business Address (Street, City, State, Zip): 220 STATE ST MUSKOGEE, OK 74401

Vehicle Information

Year	Make	Model
2017	FORD	EXPLORER

VIN	Color	Plate #	Plate State	Plate Exp
1FM5K8AR6HGB92731	Black	CO40865	OK	1/2099

Insurance Company	Insurance Phone #	Policy #
ASSOCIATION OF COUNTY	4055243200	ACCO-SIG-2025

Vehicle Configuration: (Sport) Utility Vehicle

Special Function: Police

Vehicle Removal	Removal Location
Not towed	

Removed By	Contributing Circumstance
	None

Visibility Obscured By	Driver Distracted By
Unknown	Unknown

Traffic Control Device	Traffic Controls Functional
No Controls	No Controls

Contributing Factor 1: Failed To Yield - To Vehicle on Right

Contributing Factor 2:

Pre-Crash Action	Extent of Damage
Other	Minor Damage

Surface Type	Speed Involved	Rolled	Burned
Concrete	NO	NO	NO

Trafficway	Direction
Parking Lot	North

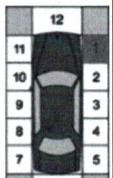
Alignment	Grade	Total Lanes	Legal Speed
Straight	Level	0	10

Most Harmful Event: Motor Vehicle in Transport

Sequence of Events: Motor Vehicle in Transport

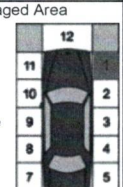
Point of Initial Contact

☐ Non-Collision ☐ Top ☐ Undercarriage ☐ Cargo Loss ☐ Not at Scene ☐ Unknown



Most Damaged Area

☐ No Damage ☐ Top ☐ Undercarriage ☐ All Areas ☐ Not at Scene



Unit 2

# Occup	Last Name	First Name	MI	SFX
1	MCKEE	KASIDIE	N	

Hit and Run	Non Contact	Address	Phone #
☐	☐	826 S YORK ST APARTMENT 7B	(918) 360-0214

Country	City	State	Zip	Date of Birth	Age	Sex
USA	MUSKOGEE	OK	74403	11/27/2005	20	F

DLN	DL State	DL Class	DL Status
A000142065	OK	D/Regular	Valid License

Injury Severity	Injury Area	Condition
(O) No Apparent Injury		Apparently Normal

Restraint Systems	Air Bag
Shoulder and Lap Belt Used	Not Deployed

Ejected	Extricated	Phone in Use
Not Ejected	No	NO

Endorsements	Restrictions

Alcohol Suspected	Test Status	Alcohol Method	BAC	Pending
NO	Test Not Given			

Drug Use Suspected	Test Status	Drug Method	Drug Test Results	Pending
NO	Test Not Given			

Citation #	Statute/Ordinance

Owner Information

☐ Driver is Owner

Owner Last Name	First Name	MI	SFX
KAPPLE	CARLA D	-	

Owner Address (Street, City, State, Zip): 7638 N VICTOR AVE SPERRY, OK 74073

Vehicle Information

Year	Make	Model
2012	BUICK	VERANO

VIN	Color	Plate #	Plate State	Plate Exp
1G4PR5SKXC4164803	Black	JKE546	OK	9/2026

Insurance Company	Insurance Phone #	Policy #
ALLSTATE	9182588671	095023659

Vehicle Configuration: Passenger Car

Special Function: No Special Function

Vehicle Removal	Removal Location
Not towed	

Removed By	Contributing Circumstance
	None

Visibility Obscured By	Driver Distracted By
Not Applicable	Not Distracted

Traffic Control Device	Traffic Controls Functional
No Controls	No Controls

Contributing Factor 1: Unknown/No Improper Act - No Improper Action By Driver

Contributing Factor 2:

Pre-Crash Action	Extent of Damage
Movements Essentially Straight Ahead	Minor Damage

Surface Type	Speed Involved	Rolled	Burned
Concrete	NO	NO	NO

Trafficway	Direction
Parking Lot	North

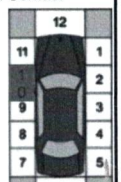
Alignment	Grade	Total Lanes	Legal Speed
Straight	Level	0	10

Most Harmful Event: Motor Vehicle in Transport

Sequence of Events: Motor Vehicle in Transport

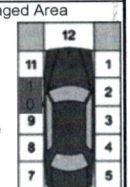
Point of Initial Contact

☐ Non-Collision ☐ Top ☐ Undercarriage ☐ Cargo Loss ☐ Not at Scene ☐ Unknown



Most Damaged Area

☐ No Damage ☐ Top ☐ Undercarriage ☐ All Areas ☐ Not at Scene



WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

Oklahoma Official Collision Report

MRN 2606001805
Case Number 2026-19033

Type	Vehicles	Commercial	Pedestrians	Pedalcyclists	Injuries	Fatalities	Photos Taken	Witness
Crash	2	0	0	0	0	0	No	No

CMV/LV

No LV/CMV Data Entered.

Passengers

No Passenger Data Entered.

EMS

No EMS Data Entered.

Trailers

No Trailer Data Entered.

Crash Details

Weather Condition	Light Condition	Road Surface Conditions		
Clear	Dark - Lighted	Dry		
Type of Intersection	**Relation to Junction**	**Interchange Related**	**Railroad Crossing #**	
Not an Intersection	Not an Interchange Area	NO		

Workzone Information

Type of Work Zone	Location of Work Zone Collision	Workers Present

Secondary Crash Information

Primary Crash Case Number	Any Roadways/Lanes Blocked	Original Collision Start Date	Start Time	Original Collision Cleared Date	Cleared Time

Lane(s) Blocked	Lane Blocked Date	Block Time	Lane Cleared Date	Cleared Time

Property Damage

No Property Damage Data Entered.

Officers

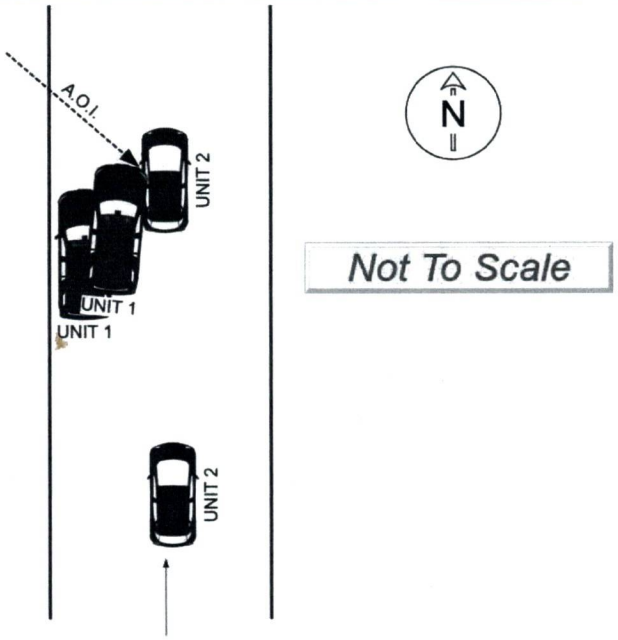
Investigating Officer	Agency	Badge	Troop/Division
Devin Johnson	MUSKOGEE POLICE DEPARTMENT	505	Submitting Officers
Reviewing Officer	**Agency**	**Badge**	**Troop/Division**
Todd Cumbey	MUSKOGEE POLICE DEPARTMENT	306	Submitting Officers

Oklahoma Official Collision Report

MRN
2606001805
Case Number
2026-19033

Type	Vehicles	Commercial	Pedestrians	Pedalcyclists	Injuries	Fatalities	Photos Taken	Witness
Crash	2	0	0	0	0	0	No	No

Diagram



Narrative

On June 9th, 2026 I was dispatched to 2415 Chandler Rd, in reference to a non injury accident. Upon arrival I learned a deputy clipped the side of a civilian vehicle while leaving the drive thru window of McDonald's. I made contact with the drivers of both Unit 1 and Unit 2.

Unit 1 just obtained his food and was pulling away and headed to the roadway of Chandler, which is to the North, when he failed to see Unit 2 coming up beside him to go park in the mobile order area. The front right of Unit 1 made contact with the Driver side door of Unit 2. The damage did not seem severe and no one needed a tow.

The area of impact was not found due to both vehicles being moved and the collision happening on private property. My body camera was activated during this call.

AKERS COLLISION CENTER OF MUSKOGEE INC.

"Home of The Collision Repair Specialists"
404 N CHEROKEE ST, MUSKOGEE, OK 74403
Phone: (918) 682-5600
FAX: (918) 682-5620

Workfile ID: fa99d30b
Federal ID: 881653734

Preliminary Estimate

Customer: MCKEE, KASIDIE

Written By: Steve Thompson

Insured:	MCKEE, KASIDIE	Policy #:	Claim #:
Type of Loss:		Date of Loss:	Days to Repair: 0
Point of Impact:			

Owner:
MCKEE, KASIDIE

Inspection Location:
AKERS COLLISION CENTER OF MUSKOGEE INC.
404 N CHEROKEE ST
MUSKOGEE, OK 74403
Repair Facility
(918) 682-5600 Day

Insurance Company:

VEHICLE

2012 BUIC Verano 4D SED 4-2.4L Gasoline Direct Injection

VIN:	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State:	Production Date:	Condition:	Job #:

TRANSMISSION
Automatic Transmission
Overdrive
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
DECOR
Dual Mirrors
Tinted Glass
Console/Storage
CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Remote Starter
RADIO
AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Auxiliary Audio Connection
Satellite Radio
SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Communications System
Hands Free Device
Rear Side Impact Air Bags
SEATS
Cloth Seats
Bucket Seats
Reclining/Lounge Seats
WHEELS
Aluminum/Alloy Wheels
PAINT
Clear Coat Paint
OTHER
Fog Lamps
Traction Control
Stability Control
Power Trunk/Liftgate

Customer: MCKEE, KASIDIE

2012 BUIC Verano 4D SED 4-2.4L Gasoline Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**FRONT BUMPER**						
2	R&I	R&I bumper cover				1.1	
3	**FRONT LAMPS**						
4	R&I	LT R&I headlamp assy				0.3	
5	**FENDER**						
6	* Blnd	LT Fender					1.0
7	**FRONT DOOR**						
8	* Repl	LKQ LT door assy +25%	23489911	1	356.25	1.8	3.0
9		Add for Clear Coat					1.2
10		LT Clean, lube & adjust window & latch				0.2	
11		Refn exterior surface					2.0
12		Refn mirror					0.5
13		Refn outer handle					0.5
14		LT Transfer door glass				0.9	
15	**REAR DOOR**						
16	* Rpr	LT Door shell				4.0	2.0
17		Overlap Major Adj. Panel					-0.4
18		Add for Clear Coat					0.3
19	R&I	LT Belt w'strip				0.2	
20	R&I	LT Handle, outside				0.4	
21	R&I	LT R&I trim panel				0.5	
22	**VEHICLE DIAGNOSTICS**						
23	* Rpr	Pre-repair scan			m	0.5 M	
24	* Rpr	Post-repair scan			m	0.5 M	
25	**MISCELLANEOUS OPERATIONS**						
26	#	Car Cover (refinish operation at body rate)		1	5.00	0.3	
27	** Repl	A/M CORROSION PROTECTION		1	10.00	0.3	
28	# Refn	Tint Color					0.5
29	** Repl	A/M FLEX ADDITIVE		1	10.00		
30	#	Hazardous Waste		1	5.00 X		
			SUBTOTALS		**386.25**	**11.0**	**10.6**

Customer: MCKEE, KASIDIE

2012 BUIC Verano 4D SED 4-2.4L Gasoline Direct Injection

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				381.25
Body Labor	10.0 hrs	@	$ 70.00 /hr	700.00
Paint Labor	10.6 hrs	@	$ 70.00 /hr	742.00
Mechanical Labor	1.0 hrs	@	$ 125.00 /hr	125.00
Paint Supplies	10.6 hrs	@	$ 50.00 /hr	530.00
Body Supplies	7.1 hrs	@	$ 5.00 /hr	35.50
Miscellaneous				5.00
Subtotal				2,518.75
Sales Tax	$ 911.25	@	9.1500 %	83.38
Grand Total				**2,602.13**

MyPriceLink Estimate ID / Quote ID:

1494414533052080128 /

WARNING : ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTEIS APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

Search Walmart

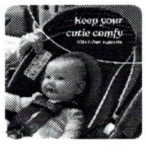
7

$37.06

Graco SnugRide Lite LX Infant Car Seat, Studio, Black

Free shipping, arrives tomorrow Free 90-day returns

In 50+ people's carts **Overall pick**



$139.99 Price when purchased online

Buy now **Add to cart**

Shop My Items Ask Sparky Services Account

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39

$238.32

Pickup or delivery? 826 S York St, 7b, Mu...

Visit the Safety 1st Store

(4.4) 6,115

Safety 1st Grow and Go Sprint All-in-One Convertible Car Seat

Free shipping, arrives tomorrow

Free 90-day returns

100+ bought since yesterday

Overall pick

$139.00

Add to cart

Shop

My Items

Ask Sparky

Services

Account

Gmail

COUNTY CLERK <countyclerk.muskogee@gmail.com>

Re: Tort Claim

1 message

Dusty Birdsong <dustyb@okacco.com> Fri, Jun 26, 2026 at 4:27 PM
To: COUNTY CLERK <countyclerk.muskogee@gmail.com>

Received

Dusty

On Fri, Jun 26, 2026 at 4:18 PM COUNTY CLERK <countyclerk.muskogee@gmail.com> wrote: