Dft 2

NOTICE OF TORT CLAIM

STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED
2026 JUL -6 AM 8:55
PAULA IRVING
COUNTY CLERK

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: Eakle First Name: Shana Middle Initial: L

Address: 31450 West CR City: Quinton State: OK Zip Code: 74561

Home Phone: 918-995-5113 Cell Phone: 918-995-5113 Email Address: ShanaEakle.63@gmail.com

Date/Time of Accident: June 24, 26 on Wednesday at 0820 A.M. / P.M.

Location of Accident: on way to 4700 S 71st Street East Muskogee, OK

Description of Accident:

I was approximatly 1 mile from where I work as an RN Nurse and approached a road grader and he had 2ft high piles of rocks piles up and it was narrow on Right so had to drive over piles to get in Left lane then drive over 2ft pites to get over to keep from getting hit by CRR-made loud scraping noise under my CRV.

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

1. only person driving grader
2. Not witnessed by anyone else
3.

VEHICLE INSURANCE INFORMATION:

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

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 $ 0

MEDICARE/MEDICAID INFORMATION: CAR started leaking transmission fluid and had to towed — bottom of transmission cracked

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: 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.

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 N/A ✓

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:

Bottom of transmission cracked — towed to Williams Chevrolet Stickler had to have a ride since then. Slow leak — was able to drive a little while

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.	None	$
2.		$
3.		$
4.		$
	TOTAL AMOUNT CLAIMED	$

Signature of Claimant

7/6/16
Date

I an RN and take care of a child at 4700 S 71st E Muskogee. I have to be there 40 hours a week 1 hour to + 1 hour home. I have no CDR3

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

RE: Tort claim

1 message

dustyb@okacco.com <dustyb@okacco.com> Mon, Jul 6, 2026 at 9:35 AM
To: COUNTY CLERK <countyclerk.muskogee@gmail.com>

Received.

Dusty Birdsong

ACCO-SIG/SIF Administrator

Direct Line 405-516-5318

Cell # 405-802-9647

From: COUNTY CLERK <countyclerk.muskogee@gmail.com>
Sent: Monday, July 6, 2026 9:03 AM
To: dustyb@okacco.com
Subject: Tort claim

This Lady is an RN taking care of a child with only car being damaged now