



A. CLAIMANT REPORT TO :

Muskogee County
(Name of county you are filing claim against.)

CLAIMANT(S) INFORMATION: *(Each person making a claim must file a separate notice of tort claim)*

Description of Accident:

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

- VEHICLE INSURANCE INFORMATION:**

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

wasnt vehicle

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 \$ _____

MEDICARE/MEDICAID INFORMATION:

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: _____

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:

Were you on the job at the time of the accident/injury? Yes ___ No ___

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:

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. Samsung A54, mint green & gold	\$ 200.00
Case, phone itself is black	\$
	\$
	\$
TOTAL AMOUNT CLAIMED	

Chani Davis

Signature of Claimant

8-6-26

Date

TORT CLAIM

2 messages

Sheila Harrison <sheilamuskogeecounty@gmail.com>

Thu, Aug 6, 2026 at 4:17 PM

To: DUSTY BIRDSONG <DUSTYB@okacco.com>, Julie McGuffee <juliem@okacco.com>, SANDY BEAVER <sandyb@okacco.com>

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Sheila Harrison - Chief Deputy, Muskogee County Clerk Ofc

P: (918) 682-2169 ext. 2124

E: sheilamuskogeecounty@gmail.com

 **TORT CLAIM.pdf**
1478K

dustyb@okacco.com <dustyb@okacco.com>

Thu, Aug 6, 2026 at 4:33 PM

To: Sheila Harrison <sheilamuskogeecounty@gmail.com>, Julie McGuffee <juliem@okacco.com>, SANDY BEAVER <sandyb@okacco.com>

Received

Dusty Birdsong

ACCO-SIG/SIF Administrator

Direct Line 405-516-5318

Cell # 405-802-9647

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Sheila Harrison <sheilamuskogeecounty@gmail.com>

TORT CLAIM

Sheila Harrison <sheilamuskogeecounty@gmail.com>
To: dustyb@okacco.com

Fri, Aug 7, 2026 at 2:11 PM

Dusty,

I just received a phone call from the Jail Administrator, Monica Smith, that this Tort Claim can be disregarded/closed because the phone is not lost or stolen. It was placed into evidence at the Sheriff's Office for investigations at the time of arrest. You can confirm the information or get further details for your reports by contacting Monica at (918) 682-7851.

Thank you!

[Quoted text hidden]



Sheila Harrison <sheilamuskogeecounty@gmail.com>

TORT CLAIM

dustyb@okacco.com <dustyb@okacco.com>
To: Sheila Harrison <sheilamuskogeecounty@gmail.com>

Fri, Aug 7, 2026 at 2:17 PM

Thanks for the update.

[Quoted text hidden]