COUNTY OF MUSKOGEE STATE OF OKLAHOMA

STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED
2026 AUG -6 PM 4:20
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: Davis First Name: Charri Middle Initial: L

Address: 550 E 123rd St S City: Oktaha State: OK Zip Code: 74450

Home Phone: — Cell Phone: 918351-4866 Email Address: charridavis@gmail.com

Date/Time of Accident: July 29th 2026 at Approx. 4 A.M. / (P.M.)

Location of Accident: County Jail Muskogee

Description of Accident:

I did not recieve my phone when I was released from jail, when I was booked July 29th 2026 @ approx. 4pm My phone and pink wallet was put in bag and that was the last time I saw it.

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

1. Booking officer
2. Arresting Offiicer
3.

VEHICLE INSURANCE INFORMATION:

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

wasn't 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 (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:

_____

_____

_____

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
2.	Case, phone itself is black	$
3.		$
4.		$
	TOTAL AMOUNT CLAIMED	$

Chanidawn

Signature of Claimant

8-6-26

Date

Gmail **Sheila Harrison <sheilamuskogeecounty@gmail.com>**

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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