STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OF RECORD

2026 AUG -7 PM 2:00

POLLY IRVING
COUNT CLERK

COUNTY OF MUSKOGEE
STATE OF OKLAHOMA

NOTICE OF TORT CLAIM

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: Kiser **First Name:** Fred **Middle Initial:** E

Address: 224 Kent Dr. **City:** Muskogee **State:** OK **Zip Code:** 74403

Home Phone: 918-869-8524 **Cell Phone:** 918-869-8524 **Email Address:** Kiser5fire77e yahoo.com

Date/Time of Accident: 07/31/2026 **at** 10:00 (A.M. / P.M.)

Location of Accident: 113th St. - ½ mile east of HWY 72

Description of Accident:

I was traveling east on 113th St. I met a truck traveling West. When we passed each other the brush hog on the trailer I was pulling hit a stump that had been cut off about 3 ft tall and was not visible due to grass grown up over it. It made the brush hog swing over and hit the truck that was passing by

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

1. employee with Blattner Energy was driving other vehicle
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 $ _____

MEDICARE/MEDICAID INFORMATION:

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

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: _____

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 X

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:

Truck driven by Blattner Energy had damages. Damage to brush hog, tractor and trailer.

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.	Brush hog	$
2.	Tractor	$
3.	Trailer	$
4.		$
	TOTAL AMOUNT CLAIMED	$ estimates have not been done for damages at this time.

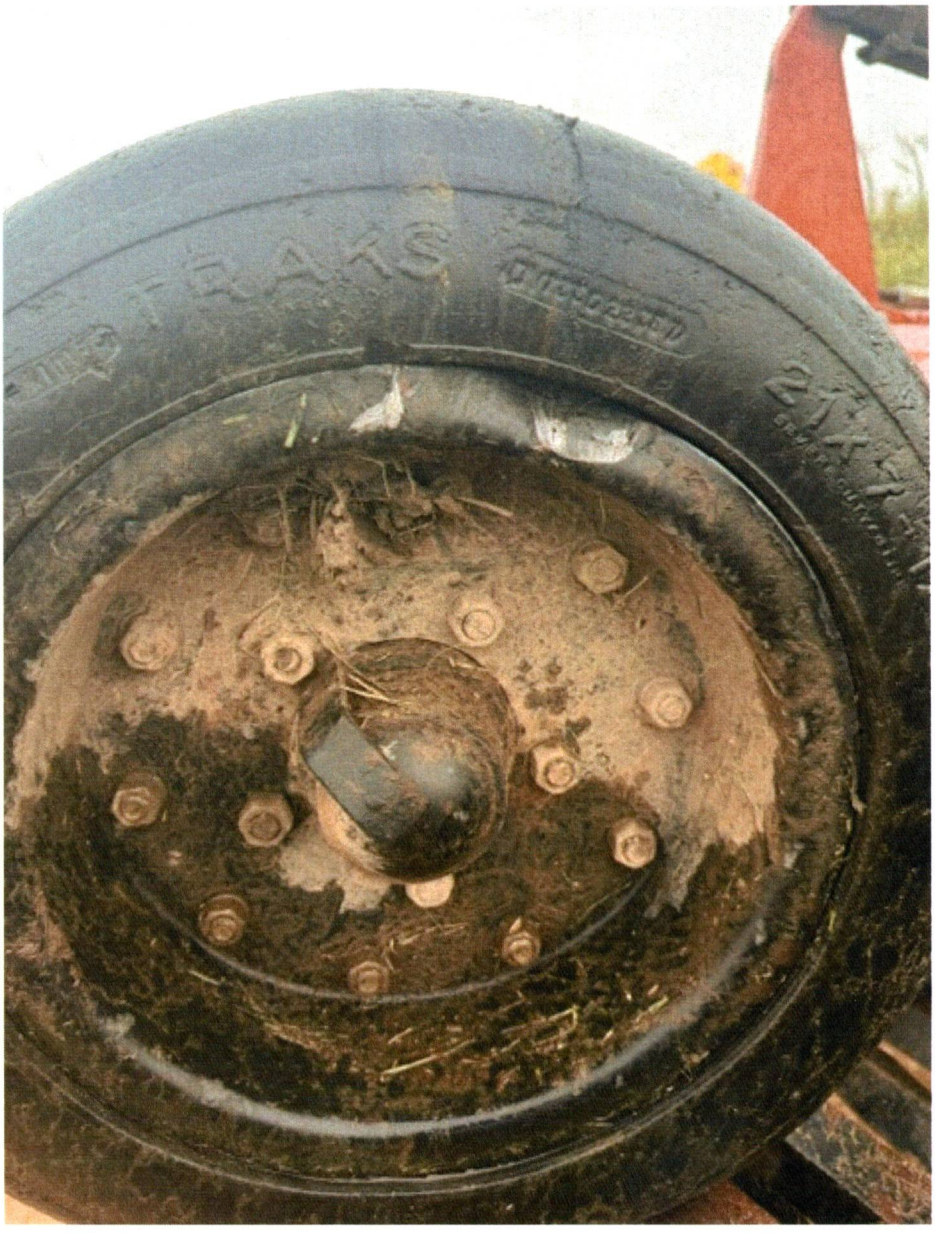
[redacted] 8-2-26

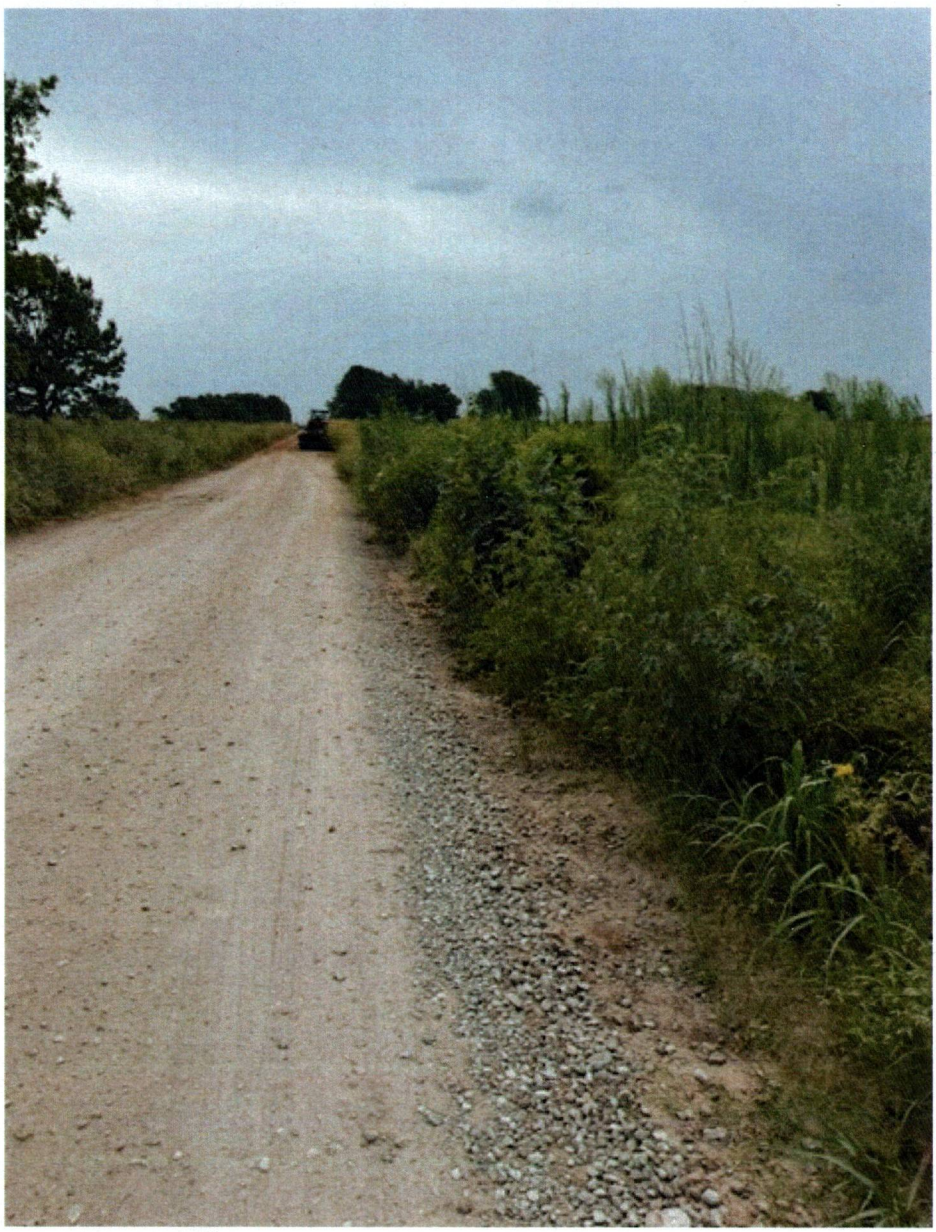
Signature of Claimant Date


RHINO


RHINO
Farm Country Inc.
903-885-7561


RHINO


TRAKS




Ford
SFA 611