

E-MAILED

12-4-24 12:15

Dusty@acco

STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED

NOTICE OF TORT CLAIM

2024 DEC -4 PM 12:13

A. CLAIMANT REPORT TO: Muskogee County
(Name of county you are filing claim against.)

POLLY IRVING
COUNTY CLERK

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 Statutes, Title # 51, Section 151-172).

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

Last Name: Johnson First Name: Audrie Middle Initial: P

Address: 12027 E 148th St. S. City: Webbers Falls State: OK Zip Code: 74470

Home Phone: _____ Cell Phone: _____ Email Address: _____

Date/Time of Accident: 12/4/24 at 7:50 (A.M.) P.M.

Location of Accident: above address - "Hickory Ridge" Webbers Falls, OK.

Description of Accident:

I pulled out of my driveway and started down the road, heard things coming up underneath my car, glanced in my mirror and noticed black all over my car. I then noticed patches that were dark and wet on both sides of the road - no way to avoid them. There were NO signs and no trucks or workers until I got to the end of the Hickory Ridge road and then I saw the oil truck pulling out and leaving.

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

- Keith Hyslop, [REDACTED], he waved at me as I pulled out of my driveway. I called and spoke with him and he directed me to make a claim.
- Commissioner, Dist #2
- _____

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

3. If you have received payment from your insurance company what was the amount received \$ 0

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: 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.

N/A

Medicare/Medicaid Beneficiary Name (Please Print)

N/A

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:

N/A

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: 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:

Black oil was splattered all over the vehicle, some windows, and running boards.

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. 2017 Tahoe - Chevrolet	\$ 1,200. ⁰⁰
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ 1,200. ⁰⁰

Audrey Johnson

Signature of Claimant

12/4/24

Date

Clean Auto Details

414 S 3rd Ave Warner OK 74469

918-329-9259

BILL TO

Audrie Johnson

Receipt No: 2015

Payment Date: 12/4/2024

road tar removal

DESCRIPTION	QTY	UNIT PRICE	TOTAL
road tar removal paint, door jams of 2017 Tahoe	1		1200.00
road tar removal wheels, plastics, widows, trim.			
paint correction will also be needed after removal.			

total

Balance Paid \$ -

Notes



COUNTY CLERK <countyclerk.muskogee@gmail.com>

Re: Muskogee County Clerk Tort Claim

1 message

Dusty Birdsong <dustyb@okacco.com>
To: COUNTY CLERK <countyclerk.muskogee@gmail.com>
Cc: keithhyslop@yahoo.com

Wed, Dec 4, 2024 at 12:27 PM

Received

Dusty

On Wed, Dec 4, 2024 at 12:19 PM COUNTY CLERK <countyclerk.muskogee@gmail.com> wrote: