

STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED

NOTICE OF TORT CLAIM

2025 DEC 19 AM 11:39

A. CLAIMANT REPORT TO:

Muscoee

(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 Statues, Title # 51, Section 151-172).

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

Last Name: Thomson First Name: Griffin Middle Initial: D
Address: 2714 N. Edmond City: Muscoee State: OK Zip Code: 74403
Home Phone: 918 577 2283 Cell Phone: 918 577 2292 Email Address: Griffin.thomson05@mail.com
Date/Time of Accident: 10/02/2025 at 8:30 A.M. / P.M.
Location of Accident: East Davis field road after the bridge going from Brushy
Mountain
Fire Department

Description of Accident:

I was driving home going west on E. Davis field.
After crossing under the bridge half of my car fell into
a big pothole left after the bridge construction, once I got
out of the pothole my car was driving strange, I stopped my
car, got out, and saw that the hole popped my tire, I had
to change my tire in the dark due to a pothole created during
construction

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

1. Ryan Thomson, 6510 S. 55th St. E., 918-685-1523
2. _____
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 \$ _____

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:

Please 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. <u>Tire damage needed replacement</u>	\$ 116.23
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ 116.23

Levi John Thomas

Signature of Claimant

12/19/2025

Date

I Sent in the last receipt in with my last claim that was lost. I had to replace my tire again, so I'm using that receipt for this because price stayed the same.



AMERICAN EXPRESS
DISCOVER
MASTERCARD
VISA

127 Independence St., Muskogee, OK 74403

- 918-683-4142

CUSTOMER'S ORDER NO.		PHONE			DATE	12-17-25	
NAME	Griffin Thomson						
ADDRESS							
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	
QTY.	DESCRIPTION				PRICE	AMOUNT	
1	205-55-16 Arisun Aggressor				99 95		
1	State Waste Fee				2 90		
Pd CC 12-17-25						TAX	9 99
RECEIVED BY						TOTAL	112 84

All claims and returned goods must be accompanied by this bill.

No. 29995

Thank You!

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116.23