

**NOTICE OF TORT CLAIM**

2025 DEC 19 AM 11:39

A. CLAIMANT REPORT TO:

MUSKOGEE

(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. 50<sup>th</sup> 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: Thomson First Name: Griffin Middle Initial: D

Address: 2714 N. Edmond City: Muskogee State: OK Zip Code: 74403

Home Phone: 918 577 2283 Cell Phone: 918 577 2292 Email Address: Griffin.thomson05@gmail.com

Date/Time of Accident: 10/02/2025 ~~4:30 PM~~ at 8:30 A.M. / P.M.

Location of Accident: East Davis field road after the bridge going from Brushy

Description of Accident:

I was driving home on going west on E. Davis field.  
After crossing under the bridge half of my car fell into  
a big pothole left after the ~~bridge~~ bridge construction, once I got  
out of the pot hole 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  
CC construction

Mountain  
Fire Department

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:**

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

*Kevin 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.

Goad's Tire Service  
127 INDEPENDENCE AVE  
Muskogee OK 74403  
918-683-4142

12/17/2025

14:14

Sale

Trans:4

Batch: /7

MASTERCARD

CHIP

\*\*\*\*\*5115

\*\*/\*\*

AMOUNT:

\$ 116.23

CASH DISCOUNT

\$ 0.00

TOTAL:

\$ 116.23

Resp:

APPROVAL 067218

Code:

067218

Ref#:

535120833668

App Name:

Mastercard Debit

AID:

A0000000041070

TVR:

0000008000

TSI:

E800

Cardholder acknowledges  
receipt of goods and  
obligations set forth  
by the cardholder's  
agreement with issuer.

CUSTOMER COPY

Thank You

Powered By Payroc (V1.0.28RT)

# GOADS TIRE SHOP

127 Independence St., Muskogee, OK 74403

918-683-4142

AMERICAN EXPRESS  
DISCOVER  
MASTERCARD  
VISA

CUSTOMER'S ORDER NO.		PHONE		DATE			
NAME		Griffin Thomson		12-17-25			
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
pdcc							
12-17-25							
TAX						9	99
TOTAL						112	84
RECEIVED BY							

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

No 29995

Thank You!

Printed By: Royse Printing Co. - Muskogee, OK

339  
116.23