

111544

FILED FOR RECORD
SKAMANIA COUNTY WASH
BY Skamania Co.

JUL 10 1 59 PM '91

JUL 10

GARY M. DECON

Registered	<i>p</i>
Indexed, Dir	<i>p</i>
Indirect	<i>p</i>
Filed	7/12/91
Mailed	

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

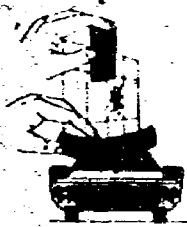
PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I DON LARSON

hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 2nd day of July, 19 91.2. That the place of injury was I-205 Bridge North Bound3. That the location and description of the defect which caused the injury are Hwy I-205 Northbound ON BRIDGE (Glen Jackson) Following
County Truck pulling Empty Heavy Equip TRAILER LOOSE ROCK
BOUNCED OFF TRAILER + STRUCK my WINDOW.4. That the injury is described as follows: BROKEN FRONT WINDSHIELD5. That the amount of damages claimed is as follows: \$320.⁰⁵ Copy attached.6. That the actual residence of the claimant at the time of presenting and filing this claim is 916 SE 119 AV VANCOUVER, WA 986847. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was 916 SE 119 AV
VANCOUVER WADATED: July 6, 1991

(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by Nos 2-4 of this form may be attached on the back of this Claim for Damages.



VANCOUVER GLASS CO.

"Our future depends upon your satisfaction"

"SINCE 1940"

Billing Office

DOWNTOWN

910 Daniels St.
Vancouver, WA 98660
(206) 693-7831

CASCADE PARK

705 S.E. Park Crest Ave.
Vancouver, WA 98684
(206) 256-0220

ORCHARDS

10803 N.E. 59th St.
Vancouver, WA 98662
(206) 254-8099

REF.
NO.

Quote

BLANK

ACCOUNT NO.	AGENT NO.	PURCHASE ORDER NO.	DATE
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07-08-91

CUSTOMER STATE TAX OR EXEMPT NO	CUSTOMER FEDERAL TAX ID NO	ADV CODE	SALESMAN ID	ORDER TAKEN BY	INSTALLED BY	FEDERAL TAX ID NO
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91-1142041

BILL TO: DON LARSON	SOLD TO:
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INSURANCE PROOF OF LOSS

INSURANCE CO	POLICY NO
INSURANCE CO PHONE NO	CLAIM NO
POLICY NAME	CAUSE & LOSS LOCATION
AGENT NAME	VERIFIED BY
AGENT PHONE	DATE OF LOSS
	DEDUCTIBLE

VEHICLE INFORMATION

MAKE	Dodge	MODEL	Aspen	YEAR	1978	DOORS	4
ODOMETER		LICENSE		VEHICLE ID NO			

Quan	Part #	Color	Kit	Labor	List	Sell	Net
1	W859	Shaded	7.93 (Tape)	3.3 Hrs	\$4.75	245.75	297.44

RECEIVED BY

AUTHORIZATION TO PAY

I hereby authorize and empower the above-named insurance company to pay this invoice in full settlement, satisfaction and discharge of all loss under the above policy. Upon such payment, all rights I may have for claim and demand for loss and damage described above against the above named insurance company shall be thereby forever discharged. In the event that the above named insurance company does not make timely and/or full payment of this invoice according to its terms, I hereby accept responsibility for such payment and agree to pay all charges reflected on this invoice to the above named glass company subject to and according to all terms and conditions on this invoice.

CUSTOMER'S SIGNATURE

Subtotal 297.44
7.60% Tax 22.61

TOTAL SALE

TERMS
Cash

320.05

TERMS: NET 30 DAYS, SERVICE CHARGE OF 1 1/4% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS