

112614



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 Paul Piche

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 16 day of Dec., 1991.

2. That the place of injury was HWY 14 mile post 55
going east bound. At or around 9:45 am.

3. That the location and description of the defect which caused the injury are Skamania County Road Dept. Flatbed Dodge AK #09333C driven by Ken Taylor
carrying Tar and Gravel in the flat bed with no tailgate, limited side boards and no cover
over the Gravel. Gravel came out of the bed of the truck and cracked my windshield.
I was driving ahead of the truck at the time.

4. That the injury is described as follows:
Cracked windshield on 1981 Chevy Citation from flying gravel.
The windshield was new. It had been replaced just two days prior. See attached Receipt from
Windshield Express dated 12-14-91.

5. That the amount of damages claimed is as follows: \$257.19 for replacement
of windshield. See Attached Quote for repair from Speedy Auto Glass.

6. That the actual residence of the claimant at the time of presenting and filing this claim is 3107 NE 113 Ave, Vancouver, wa 98662
PH: 206-254-8661

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was same as question six above.

DATED: 12-16, 1991

Paul Piche

(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.

Received p
by p
on 12/20/91
Mailed

SPEEDY AUTO GLASS

at **SPEEDY** we care

CONTRACTOR LICENSE #

STATE SALES TAX #

ACCOUNT NO.	AGENT NO.	PURCHASE ORDER NO.	DATE
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CUSTOMER STATE TAX INFORMATION	CUSTOMER RECEIVED TAX CREDIT	RPS 10	SALESMAN	SPEEDY PHONE	DATE OF LOSS	REPAIR DATE
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BILL TO	PAID 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	SERVED BY
AGENT PHONE	DATE OF LOSS
	DEDUCTIBLE

VEHICLE INFORMATION

NAME	MODEL	YEAR	DOORS
ODOMETER	LICENSE	VEHICLE ID NO.	

WORK AUTHORIZATION

I hereby authorize the above work to be done together with the necessary materials but request that you contact me if the cost of the services exceed the amount reflected on this invoice.

CUSTOMER'S SIGNATURE

STATE OF WINDSHIELD

- ☐ NOT REPAIRABLE REPLACEMENT NECESSARY
☐ DAMAGE IN CRITICAL SIGHT AREA
☐ REPAIRABLE REFUSED BY OWNER

REPAIR TRIED AND REFUSED BY
OWNER THE REPAIRMAN

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 Speedy Auto Glass subject to and according to all terms and conditions on the reverse side of this invoice.

CUSTOMER'S SIGNATURE

TOTAL SALE

TERMS: SET IN FULL AT TIME OF SERVICE. NO CASH ADVANCEMENT. NO CREDIT. NO DEFERRED PAYMENT. TRANSACTION IS SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE.

**FREE
MOBILE
SERVICE**

**FREE
MOBILE
SERVICE**

AUTO GLASS REPAIR & REPLACEMENT

Stevenson, Washington,

12/18/91

TO COUNTY AUDITOR DR.
Skamania County, Washington

FILING
RECORDING

FILE NO. 112614 AMOUNT *ne*

Agree & Lease

Lien

Mine

Deed

Mortgage

Satisfaction

Survey

Plat

UCC

file - Claim for Damages

Skamania County

to

Paul Piche

Mary M. Olson

COUNTY AUDITOR

By *P. Lowry*

DEPUTY

28301

LIMITED WARRANTY

AUTO GLASS, RUMBLE

SUNROOFS AND VEHICLES

WINDSHIELD REPAIR

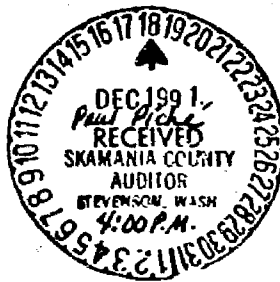
the purchase of a new windshield or other glass component, a limited warranty is provided for the life of the vehicle.

the original owner was
the original owner.

ADDITIONAL INFORMATION

SEE THE BACK OF WARRANTY CARD
FOR MORE INFORMATION (3)

112614



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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:

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going east bound. At or around 9:45 am.

3. That the location and description of the defect which caused the injury are Skamania County Road Depart. Flat Bed Dodge Lic #09363C Driven by Ken Ziegler.
Carrying Tar and Gravel in the flat bed with no tail gate, limited side boards and no cover
over the Gravel. Gravel came out of the bed of the truck and cracked my windshield.
I was driving behind the truck at the time.

4. That the injury is described as follows:
Cracked windshield on 1981 Chevy Citation from flying gravel.
The windshield was new. It had been replaced just two days prior. See Attached Receipt from
Windshield Express Dated 12-14-91.

5. That the amount of damages claimed is as follows: \$251.19 for replacement
of windshield. see Attached Quote for repair from Speedy Auto Glass.

6. That the actual residence of the claimant at the time of presenting and filing
this claim is 3107 NE 103 Ave, Vancouver, Wa 98662
PH: 206-254-8681

7. That the actual residence of the claimant for a period of six months immediately
prior to the time that this claim accrued was Same as question six above.

DATED: 12-16, 1991

Paul E. Piche
(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed 12/20/91
Mailed ✓

SPEEDY AUTO GLASS

6920 E. Alameda Blvd. Telephone 694-6944
 CONTRACTOR LICENSE # STATE SALES TAX # 9715

Quote
 QUOTE

CUSTOMER STATE TAX OR EXEMPT NO. CUSTOMER FEDERAL TAX I.D. NO. SOURCE 10 SALESMAN I.D. ORDER TAKEN BY TT INSTALLED BY FEDERAL TAX I.D. NO. 91-1580467

DATE 12-16-91
 BILL TO PAUL PICHE
 SOLD TO
 H# 254-8681

INSURANCE PROOF OF LOSS

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

VEHICLE INFORMATION

Chevrolet Citation 1981

Item	Part #	Color	Kit	Labor	List	Bill	Net
1	W904	Shaded	18.95 (10 W/Dam)	51.20	235.85	153.30	233.45

WORK AUTHORIZATION
 I hereby authorize the above work to be done together with the necessary material, but request that you contact me if the cost of the services exceed the amount reflected on this invoice.

STATE OF WINDSHIELD
☐ NOT REPAIRABLE/REPLACEMENT NECESSARY
☐ DAMAGE IN CRITICAL SIGHT AREA
☐ REPAIRABLE - REFUSED BY OWNER
☐ REPAIR TRIED AND REFUSED BY OWNER

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 Speedy Auto Glass Master to and according to all terms and conditions on the reverse side of this invoice.

TERMS: NET 30 DAYS. SERVICE CHARGE OF 15% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.
 TRANSACTION IS SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE

TOTAL SALE \$233.45
 \$17.74
 \$251.19

324578

LIFETIME WARRANTY

AUTO GLASS PRODUCTS

Your replacement glass is warranted against defects in material and workmanship AS LONG AS THE ORIGINAL CUSTOMER OWNS THE VEHICLE. This warranty expires when you sell your vehicle.

This warranty will become void should breakage or damage occur due to vandalism, theft, Acts of God, or self-inflicted damage. Speedy Auto Glass will not be liable for consequential damages in states which allow this exclusion. Should any defect occur (other than due to owner negligence) we will supply and install all necessary parts free of charge.

The sealing of any unit is guaranteed with the exception of leaking due to body deterioration.

SUNROOFS AND RECREATIONAL VEHICLE PRODUCTS

All material and labor supplied by us is Guaranteed for one year from date of installation unless otherwise specified. There shall be no guarantee where breakage or damage occurs due to vandalism, theft, Acts of God, or self-inflicted damage.

WINDSHIELD REPAIR

The windshield repair performed on your vehicle is guaranteed for as long as you own that vehicle. If for any reason you become dissatisfied with the repair, a complete refund will be given. All refunds *must* be given as a credit towards the purchase of a new windshield installed in the original vehicle by Speedy Auto Glass. If the original repair was covered by insurance, credit will be given to the insurance company and the customer will be required to pay the deductible if any.

YOUR SATISFACTION IS OUR OBJECTIVE

In order to exercise your rights under this warranty, contact our nearest Service Center (see the yellow pages of the telephone book) to arrange an appointment to bring your vehicle in where the defective glass or defective workmanship will be corrected without charge.

We appreciate the opportunity of serving you and sincerely hope you are pleased with the results. If for any reason you are not completely satisfied do not hesitate to contact us for immediate attention.

**ABSOLUTELY NO WARRANTY WORK WILL BE DONE WITHOUT THIS INVOICE OR YOUR WARRANTY CARD.
ALL WARRANTIES EXPIRE WHEN YOU SELL YOUR VEHICLE.**

TERMS AND CONDITIONS OF SALE

Terms: Net cash, no discount. Interest on past due accounts will be charged at the rate of 1 1/2% per month (annual rate of 18%) from the due date until received. Legal fees, costs and expenses of collection of past due accounts will be paid by purchaser. All bills due and payable at our office.

CASH SETTLEMENTS CANNOT BE MADE FOR GLASS REPLACEMENT

As required by law the following NOTICES are hereby given to the Buyer:

"It is unlawful to: (a) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance; (b) Prepare, make, or subscribe any writing with intent to present or use the same, or to allow it to be presented or used in support of any such claim. Every person who violates any provision of this section is punishable by imprisonment in the state prison not exceeding three years, or by fine not exceeding \$1,000 or by both."

"Under Mechanics' Lien Laws any contractor, subcontractor, laborer, supplier or other person who helps to improve your property but is not paid for his work or supplies, has a right to enforce a claim against your property. This means that after a court hearing, your property could be sold by a court officer with the proceeds of the sale used to satisfy indebtedness. This can happen even if you have paid your own contractor in full, if the subcontractor, laborer, or supplier remains unpaid."

**AUTO
GLASS
INSTALLED**

WINDSHIELD EXPRESS

P.O. Box 65205 Portland, OR 97238-5205
Tel: 503-939-2774
Fax: 503-939-3403

**FREE
MOBILE
SERVICE**

INSURANCE COMPANY		CUSTOMER	
STATE FARM		PAUL DECH	
ADDRESS		ADDRESS	
4600 25th Ave NE		3107 NE	
CITY		CITY	
SALEM		SALEM	
TELEPHONE		HOME PHONE	
903-600-1200		906-662	
INSURANCE AGENT		WORK PHONE	
254-4151			
INVOICE / P.O. NO.	DATE	TIME	INSTALLER
	12-17-91	12:30	
DATE OF LOSS	CAUSE OF LOSS	POLICY NUMBER	CLAIM NUMBER
01-05-91	12006	19-90111	
YEAR	MAKE	MODEL	LICENSE NUMBER
87	CHEV	1600	161265123697
PART NO.	COLOR	DESCRIPTION	LIST
			NET AMOUNT
<p>I am not paying Windshield Express at this time for services rendered, but by signing below I agree as a private individual, or as an authorized agent representing my company, that if my insurance company rejects or only partially pays the bill amount, the full balance is due and will be paid by the terms of the month following the invoice date. A finance charge of 1.5% per month or 18% annual percentage rate may be added to all past due accounts. Also, this cost includes reasonable attorney's fees and legal expenses.</p> <p>I authorize Windshield Express to endorse my signature on any insurance checks or drafts issued to pay repairs or replacement.</p> <p>I authorize payment to be made to Windshield Express for service completed as listed above. The glass listed has been replaced and the work completed to my satisfaction.</p>			LABOR
Signature X <u>Paul Dech</u>			TAX (if applicable)
AUTO GLASS REPAIR & REPLACEMENT			SUBTOTAL
			LESS DEDUCTIBLE
			PLEASE PAY

Stevenson, Washington,

12/18/91

TO COUNTY AUDITOR DR.
Skamania County, Washington

FILING
RECORDING

FILE NO. 112614 AMOUNT ne

Agree. & Lease

Liens

Mines

Deed

Mortgage

Satisfaction

Wise

Survey

Plats

UCC

Skamania County

to

Paul Piche

Gary M. Olson

COUNTY AUDITOR

By P. Savvy

DEPUTY

28301