

Auditors Office

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Skamania Co.

AUG 31 3 02 PM '94

O. Laury  
AUDITOR  
GARY M. OLSON

120450

## 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 Bonnie L. Anderson 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 18 day of July, 19 94.

2. That the place of injury was East bound Hwy 14 right after driveway  
concrete straight ahead before Cass Junction

3. That the location and description of the defect which caused the injury are  
chipped rock, a rock came off Skamania  
Co dump truck which was in front of me also headed East bound  
driven by Kenny Ziegler. Rock came off side of truck and  
not off the side of the road  
4. That the injury is described as follows: chipped paint on  
hood of car & broken wind shield

5. That the amount of damages claimed is as follows: \$ 780.99

See attach

6. That the actual residence of the claimant at the time of presenting and filing this claim is Metzger Rd Cass, Wa 98610

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was Metzger Rd Cass, Wa 98610

DATED: Aug 15, 19 94

B. L. Anderson  
(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.

Insured ☒  
Indemnity Co. ☒  
Indirect ☒  
Filed ☒  
Paid ☒



ESTIMATE OF REPAIRS  
**SCENIC AUTO BODY INC.**

M.P. 0.96 N Wind River Rd.  
P.O. Box 1020 - Carson, WA 98610  
PHONE: DAYS (509) 427-8737

OWNERS:  
Paul R. Penner  
(509) 427-8071

Greg H. Wyringer  
(509) 427-8049

Date 8-20-94

Name Paul Anderson Address Box 73 City Carson Phone 427-8507  
Make Chev Year 94 Serial No. \_\_\_\_\_ Body Style Suburban Style No. \_\_\_\_\_

Mileage \_\_\_\_\_ License No. \_\_\_\_\_ Paint No. \_\_\_\_\_ Trim No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

REPAIR PLACE		ESTIMATE OF REPAIR COSTS		LABOR HRS	PARTS	SUBLET
✓	windshield shaded	\$781.50	less 40%	1.9	482.50	15.00
	repaint hood			3.2		63.00
	tint & blend			1.0		
	clear coat			1.0		
Total						
\$980.00						
Greg						

REMARKS

Let Mrs. Penner pay 20% - 182.00

Balance 798.00

Balance 798.00

Balance 798.00

Balance 798.00

Balance 798.00

Balance 798.00