

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Skamania Co.*

SEP 1 1 18 PM '94

P. Skury
AUDITOR
GARY H. OLSON

120457

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 James L. Stafford

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 30th day of Aug. 1994.

2. That the place of injury was State Hwy 14

3. That the location and description of the defect which caused the injury are I was traveling east bound on Hwy 14 at Sweeneys corners and a county lowboy was traveling west bound when a rock flew from lowboy.

4. That the injury is described as follows: The rock striking my windshield breaking it. Time of day was about 3:40 PM.

5. That the amount of damages claimed is as follows: \$474.82
estimate included.

6. That the actual residence of the claimant at the time of presenting and filing this claim is MP 173R Carson Creek Rd. Carson Wa.

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

DATED: 8-31, 1994

James L. Stafford
(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.

3-8-20-3-203

Registered ☒
Indexed, Dir ☒
Indirect ☒
Filmed ☒
Mailed ☒



ESTIMATE OF REPAIRS
SCENIC AUTO BODY INC.

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

OWNERS:
Paul R. Penner
(509) 427-8071
Greg H. Wyrniger
(509) 427-8049

Date 8/31 19 94

Name James Stafford Address Box 417 City Carson Phone 427-5461
Make TOYOTA Year 91 Serial No. _____ Body Style _____ Style No. _____
Model P.J. 4x4 License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

NO.	PLACE	ESTIMATE OF REPAIR COSTS		LABOR HRS	PARTS	SUBLET
		DESCRIPTION	AMOUNT			
✓		WINDSHIELD SHIELD	115-513.95	2.3	329.76	
			- 30%			
TOTAL						

REMARKS: _____
2.3 HRS OF LABOR AT \$30.17/HOUR = 69.39
PAINT MATERIALS 12.00
TOTAL 81.39
SUBTOTAL 474.76
ADVANCE CHARGE _____
TOTAL DUE _____