FILED FOR RECORD
SKAMANIA CO. WASH
BY Skamania Co

OCT 20 9 39 AM '95
P Lowry
AUDITOR
GARY M. OLSON

123580

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 Donald Dingman 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 20th day of July, 1995.

2. That the place of injury was Windshield

3. That the location and description of the defect which caused the injury are Wind River Highway

4. That the injury is described as follows: Broken windshield from newly layed rock on highway rock was flying from traffic meeting you

5. That the amount of damages claimed is as follows: $50.00 Deductible

6. That the actual residence of the claimant at the time of presenting and filing this claim is 122 Foster Rd, Carson

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 above

DATED: 10-18-, 1995.

Donald Dingman
(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 ✓
Entered, dir ✓
Indirect ✓
Filmed
Mailed

Unofficial Copy

PO BOX 561
THE DALLES OREGON 97058
800-421-0022 FAX: 503-296-2413

Workorder
W004958

ACCOUNT NO.:	SF	AGENT NO.:		PURCHASE ORDER NO.:		DATE	07-24-95

CUSTOMER STATE TAX OR EXEMPT NO.	CUSTOMER FEDERAL TAX ID NO.	ADV. CODE	SALESMAN ID.	ORDER TAKEN BY	INSTALLED BY	FEDERAL TAX ID. NO.
		N	RANDY	CARL	Randy	93-0892269

BILL TO:
STATE FARM INSURANCE
PO BOX 17020
SALEM OREGON 97302
Wk: (503) 391-5010

SOLD TO:
DONALD DINGMAN
122 FOSTER RD
CARBON WA 98610
Hm: 509 427 7316

INSURANCE PROOF OF LOSS

INSURANCE CO.	STATE FARM INSURANCE	POLICY NO.	309 2680-E30-47
INSURANCE CO. PHONE NO.	(503) 391-5010	CLAIM NO.	
POLICY NAME	DONALD DINGMAN	CAUSE & LOSS LOCATION	Flying Lock
AGENT NAME	Francis Strubeck	VERIFIED BY	CUSTOMER
AGENT PHONE	(360) 831-3611	DATE OF LOSS	7-20-95
		DEDUCTIBLE	50.00

VEHICLE INFORMATION

MAKE	Ford Truck	MODEL	Aerostar	YEAR	1987	CODE	4
ODOMETER	129461	LICENSE	031 ELA	VIN	1FMCA11U7HZB58632		

Qty	Part #	Color	Adhesive	Labor	List	Sell	Net
1	DW967	Green/Blue	15.00-1U W/Dam	3.1Hr 49.60	648.30	291.74	356.34

Qty	Part Number	Description	Unit Price	Net
1	WRT 967	Windshield Moulding Package	19.21	19.21

Comments
THANK YOU FOR USING OUR MOBILE SERVICE!

Thursday 7AM

Dodgard Credit 2254

RECEIVED BY [signature]

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 [signature]

TERMS: PAYABLE ON THE 10TH OF THE MONTH FOLLOWING PURCHASE. SERVICE CHARGE OF 1½% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.

Subtotal	375.55
LESS DEPOSIT	50.00
7% TAX	26.29
TOTAL SALE	351.84

TERMS: Charge

Unofficial Copy

P.O. BOX 581
THE DALLES OREGON 97058
800-421-0022 FAX: 503-296-2413

ACCOUNT NO.						07-24-95	WorkOrder W004908
CUSTOMER STATE TAX OR EXEMPT NO.	CUSTOMER FEDERAL TAX I.D. NO.	ADV. CODE	SALESMAN I.D.	ORDER TAKEN BY	INVOICED BY	PAYMENT TAX I.D. NO.	
		N	RANDY	CARL	Randy	93-0898269	

BILL TO:
STATE FARM INSURANCE
PO BOX 17020
SALEM OREGON 97302
WK: (503) 391-5010

SOLD TO:
DONALD DINGMAN
122 FOSTER RD
CARBON WA 98610
HM: 569 497 7716

INSURANCE PROOF OF LOSS

INSURANCE CO.	STATE FARM INSURANCE	POLICY NO.	2309-3
INSURANCE CO. PHONE NO.	(503) 391-5010	CLAIM NO.	
POLICY NAME	DONALD DINGMAN	CAUSE & LOSS LOCATION	Flying Rock
AGENT NAME	Francis STRUBECK	VERIFIED BY	CUSTOMER
AGENT PHONE	(360) 834-3611	DATE OF LOSS	7-[illegible]

VEHICLE INFORMATION

MANUFACTURER	Ford			
ODOMETER	129416	OIL LEVEL	VIN	

Qty	Part #	Color	Adhesive	Labor	Ling	Mill
1	DW967	Green/Blue	15.00-1U W/Dem	3.1hr 49.00	146.30	[illegible]

Qty	Part Number	Description	Unit Price	Net
1	WKT 967	Windshield Moulding Package	19.81	19.81

Comments
THANK YOU FOR USING OUR MOBILE SERVICE!

Thursday 9am

Deposit Credit 2254

RECEIVED BY

AUTHORIZATION TO PAY

I hereby authorize and temporary 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 SIGNATURE

TERMS: PAYABLE ON THE 10TH OF THE MONTH FOLLOWING PURCHASE. SERVICE CHARGE OF 1.5% PER MONTH (18% PER YEAR) WILL BE CHARGED ON PAST DUE ACCOUNTS.

Subtotal	375.00
LESS DEPOSIT	[illegible]
7% Tax	[illegible]
TOTAL SALE	[illegible]

TERMS

UNOFFICIAL COPY

SKAMANIA COUNTY AUDITOR 31393
GARY M. OLSON

Date: 10/20/1995 9:39

Type: CLAIM FOR DAMAGES

Receipt #: 44737

Amount: $ .00

Input by: PL
From: SKAMANIA COUNTY
Memo: BROKEN WINDSHIELD

Auditor file#: 123580

Return to: SKAMANIA COUNTY

Grantor:	Grantee:	Parcel:
SKAMANIA COUNTY	DINGMAN, DONALD	
31394		

Unofficial Copy

PO BOX 581
THE DALLES OREGON 97058
800-421-0022 FAX: 503-296-2413

Workorder
W004958

ACCOUNT NO.:	BF	AGENT NO.:		PURCHASE ORDER NO.:		DATE	07-24-95

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		N	RANDY	CARL	Randy	93-0892269

BILL TO:
STATE FARM INSURANCE
PO BOX 17920
SALEM OREGON 97302
Wk: (503) 391-5010

SOLD TO:
DONALD DINGMAN
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CARBON WA 98610
Hm: 509 427 7316

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AGENT NAME	Francis Strubeck	VERIFIED BY	CUSTOMER
AGENT PHONE	(360) 831-3611	DATE OF LOSS	7-20-95 DEDUCTIBLE 50.00

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