

135995

Skamania County  
Aug 12 11:37 AM '99  
O Lowry  
BART, J. L.

### 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 Barry K. Harte 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 August 19 99.

2. That the place of injury was approx. 1/4 mile west of Prindle gravel yard on Highway 14, eastbound lane, around 4:00 p.m.

3. That the location and description of the defect which caused the injury are See attached explanation

4. That the injury is described as follows: A star-shaped fracture in the driver's field of vision on the windshield of my 1995 Lincoln Mark VIII

5. That the amount of damages claimed is as follows: \$384.10 per estimate from Vancouver Glass LLC. NOTES: Comparative estimate from AutoMax also enclosed\*\*

6. That the actual residence of the claimant at the time of presenting and filing this claim is 7212 NE 58th Avenue; Vancouver, WA 98661 Phone: 360-693-1260 (h) 360-834-3021, ext. 3591 (w)

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: 8/10, 19 99

Barry K. Harte  
(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.

\*\*Both Vancouver Glass and AutoMax would not estimate spot repair due to location and severity of fracture. They said a spot repair would result in severe distortion in the driver's field of vision.

COPY OF ORIGINAL DOCUMENT

O. Lowry-Ska Co Recorder  
DEPUTY

Received  
by Barry K. Harte  
date 8/10/99  
initials [initials]  
checked [initials]  
verified [initials]

Skamania County  
Claim for Damages

Barry K. Harte

3. *That the location and description of the defect which caused the injury are*

I was headed east on Highway 14 about 4:00 p.m., Monday, August 2, 1999. At the above location, I was passed by 2 orange dump trucks carrying gravel headed west on Highway 14. A rock fell from one of the trucks and hit the windshield of 1995 Lincoln Mark VIII. My vehicle was going approximately the speed limit of 50 miles per hour and the trucks appeared to be traveling about the same speed.



(360) 695-1299 • (800) 653-0173  
4710 E. Fourth Plain Blvd. • Vancouver, WA 98661

# INVOICE

Nº 6791

TO: Barry Harts  
\_\_\_\_\_  
\_\_\_\_\_

Date 6-7-99 Phone No. \_\_\_\_\_

Salesperson \_\_\_\_\_

Vehicle 25 mark 8 License No. \_\_\_\_\_

QUANTITY	DESCRIPTION	PRICE
	Replace front windshield	479 <sup>00</sup>
SALES TAX		36 <sup>88</sup>
TOTAL		515 <sup>88</sup>



VANCOUVER GLASS LLC  
10002 N.E. 50TH STREET

# VANCOUVER GLASS LLC

www.vancouverglass.com  
SERVING CLARK COUNTY  
SINCE 1949

"Our Future Depends Upon YOUR Satisfaction"

**DOWNTOWN** (Billing Office)  
910 Daniels St. • Vancouver, WA 98660  
(360) 693-1277 • Fax (360) 693-8112

**CASCADE PARK**  
705 SE Park Crest Ave. • Vancouver, WA 98684  
(360) 256-0220 • Fax (360) 256-9688

**ORCHARDS**  
13800 NE 53rd St. • Vancouver, WA 98662  
(360) 254-6099 • Fax (360) 254-4771

ACCOUNT NO. AGENT NO. PURCHASE ORDER NO. DATE 08-06-1999

Quote  
QUOTE  
Contractor # VANCOC077NO  
FEDERAL TAX ID NO  
91-1142041

CUSTOMER STATE TAX OR EXEMPT NO. CUSTOMER FEDERAL TAX ID NO. PROV CODE SALESMAN ID ORDER TAKEN BY INSTALLED BY

BILL TO: BARRY HARTE  
Hm:693-1260  
SOLD TO:

## 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 Lincoln MODEL Mark 8 YEAR 1995 DOORS 2  
ODOMETER LICENSE VEHICLE ID NO

Qty	Part #	Color	Adhesive	Labor	List	Sell	Net
1	DW1190	Green/Blue	19.00-1.50&Das	2.5Hr 40.00	531.50	297.64	356.64

\*\*\*\*\*  
\*\* THIS IS NOT A RECEIPT. DO NOT PAY. \*\*  
\*\*\*\*\*

Internal Use No.  
104501

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

TERMS: NET 30 DAYS, SERVICE CHARGE OF 1.5% PER MONTH (18% PER ANNUM), WILL BE CHARGED ON OVERDUE ACCOUNTS

Subtotal 356.64  
7.70% Tax 27.46

**TOTAL SALE** Cash 384.10