136974

FILED
SKAMANIA COUNTY, WASHINGTON
BY Skamania County
DEC 7 4 30 PM '99
P Lavoy
CLERK
GARY M. OLSON

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 McKay, Tyrone S 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 25th day of November, 19 99.

2. That the place of injury was MP 29 SR14

3. That the location and description of the defect which caused the injury are On Duty motor vehicle Accident, cellphone was ejected from the PATROL CAR and was damaged beyond repair.

4. That the injury is described as follows: Loss of cellphone due to damage

5. That the amount of damages claimed is as follows: $199.99 for Replacement of personal cellphone # Nokia 6160 used for official business with the Skamania County Sheriffs Office

6. That the actual residence of the claimant at the time of presenting and filing this claim is Po Box 14 North Bonneville, WA 98639

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was Po Box 14 North Bonneville, WA 98639

DATED: December 3rd, 19 99.

T S McKay
(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.

Laurene & Marlea,

This is the receipt for my replacement cellphone that was destroyed in my crash. Chief Cox said that he thought the Risk Pool would ~~[illegible]~~ cover it since I used it for work at the Sheriffs office.

Thanks TY

CAR STEREO City
CELLULAR & PAGING

MALL 205	ALOHA	TIGARD	VANCOUVER	SALEM	DOWNTOWN	CLACKAMAS
10302 S.E. Washington (503) 256-1778	17825 S.W. TV Hwy. (503) 591-9190	11993 S.W. Pacific Hwy. (503) 624-2707	6900 N.E. Hwy. 99 (360) 693-1101	190 N.E. Lancaster Dr. (503) 540-4088	34 N.W. Broadway (503) 227-1568	13035 S.E. 84 (503) 654-7322

DATE: 11-30-99 11:02 A0678I

INVOICE NUMBER: ALHAR0678I

BILL TO: TY MCKAY
PO BOX 14
NORTH BONNEVILL, WA 98639

SHIP TO: TY MCKAY
PO BOX 14
NORTH BONNEVILL, WA 98639

ACCT. DESCRIPTION	PURCHASE ORDER NUMBER	DATE SHIPPED	TERMS
		11-30-99 /	

5094277215

30 day product exchange only (at location of purchase). Customer must have all boxes, owners' manuals, hardware, accessories, and be in original uninstalled condition. Labor non-refundable.

BPH: 5094277215 WPH:
SALESPERSON NUMBER: 066 NAME: GEORGE GOSHEFF

ITEM NUMBER	DESCRIPTION	UNIT	QTY ORDERED	QTY SHIPPED	BACKORDER	UNIT PRICE	AMOUNT
NOK6160	NOKIA DIGITAL MULTI NETWORK PHEA		1	1	0	199.99	199.99
	SERIAL# 253039759054						
ATT4QR	ATT 59.99 ONE RATE 300 MINUTES		1	1	0		
	SERIAL# 503-490-6807						
NWE600CLA	NWE ERI 600 SERIES CLA	EA	1	1	0	20.00	20.00

Thank you for your purchase!!!

COMMENTS:
COMBINED BILLING

CASH	.00	SALES AMOUNT	219.99
CR. CARD	219.99	SALES TAX	.00
CHARGE	.00	FREIGHT	.00
OTHER	.00	TOTAL	219.99

Name
Address
City State Zip
Home Phone ( ) Work Phone ( )
Photo I.D. Type ☐ Driver's License ☐ Gov't ☐ Passport ☐ Other
State I.D. # Credit Approval #
Birthdate / / Social Security # Sub Acct. #

SERVICE AUTHOR

I have read, understand, and agree to the terms and conditions of this Service Agreement, including the the service plan I have selected and agree to pay an early cancellation fee if applicable. I have such credit agencies as furnish you with records necessary to complete such verification, in the event I a amounts not paid when due.

Subscriber Signature

Personal Guaranty: I understand I am personally liable for all amounts not paid whe Paragraph 4.

Personal Guarantor Signature

White — File Canary — Billing Pink — Subscriber

000000036912001000 1
BATCH: 059

CAR STEREO CITY 2
17525 SW TV HIGHWAY
BEAVERTON OR 97006

DATE:11/30/99

S-A-L-E-S D-R-A-F-T

REF: 0741
CD TYPE: VI
TR TYPE: PR

AMOUNT: $219.99

ACCT: 4046495565896025 EXP: 0103
AP: 077363
NAME: TYRONE S MCKAY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

THANK YOU FOR USING VISA

X

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER