

138707

FILED  
SKAMANIA COUNTY  
JUL 20 9 45 AM '00  
P Lowry  
CLERK

RECEIVED

JUL 29 2000

SKAMANIA COUNTY  
AUDITOR

Supervisor  
Reviewed  
Approved  
Filed  
Noted

### 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 Clifford H. Hollis 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 19th day of July 19 2000.
2. That the place of injury was Wind River Highway north of Carson.
3. That the location and description of the defect which caused the injury are Fresh rock on highway was thrown up from road by passing vehicle and broke windshield of vehicle driven by daughter.
4. That the injury is described as follows: Windshield on 97 Nissan Sentra was broken in 3 places.
5. That the amount of damages claimed is as follows: \$404.86 - estimate attached
6. That the actual residence of the claimant at the time of presenting and filing this claim is mailing: POB 308 Stevenson, WA 98648  
residence: 492 Szydio 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.

DATED: July 27th 2000

Cliff Hollis  
(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.

962 Wind River Highway  
P.O. Box 1020 • Carson, WA 98610

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

**Greg H. Wyninger**  
(509) 427-8049

Name L. COLLIS Address BOY 308 City STEVENS Phone 427-7768  
Make NISSAN Year 97 Serial No. \_\_\_\_\_ Body Style 4 DOOR SEDAN Style No. \_\_\_\_\_  
Mileage 52,000 License No. \_\_\_\_\_ Paint No. \_\_\_\_\_ Trim No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

REMARKS _____		<u>20</u> HRS. OF LABOR AT \$ <u>38.<sup>00</sup></u> PER HR.	\$ <u>76</u>	<u>00</u>
		PARTS	\$ <u>302</u>	<u>30</u>
		PAINT MATERIALS	\$ <u>378</u>	<u>38</u>
\$ _____ insurance deductible		SUB TOTAL	\$ <u>26</u>	<u>18</u>
		SALES TAX	\$ <u>404</u>	<u>86</u>
This estimate is based on our inspection and does not cover additional parts or labor which may be required after the work has been started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. Naturally this estimate cannot cover such contingencies. Parts prices subject to change without notice. This estimate is for immediate acceptance.		ESTIMATE TOTAL	\$ _____	_____
By: _____	THIS WORK AUTHORIZED BY _____	ADVANCE CHARGES	\$ _____	_____
		GRAND TOTAL	\$ _____	_____