

RECEIVED

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SKAMANIA COUNTY
AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

| | |
|---|--|
| CLAIMANT: THIS CLAIM MUST BE FILED WITH THE | FOR OFFICE USE ONLY: |
| SKAMANIA COUNTY CLERK OF THE BOARD Skamania County Auditor's Office Skamania County Courthouse 240 North West Vancouver Avenue, Room 27 Stevenson, WA 98648 | CLAIM NO: _____ DATE FILED: _____ COPIES TO: _____ |
| NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED. | ATTACHMENTS: YES(#___) NO |

- Name (including spouse if married): (Please Print)
Karl Nyholm / Doris Nyholm
- 231 Vine Maple Loop Carson WA 98610
Address City State Zip
- HM Phone: 427-8518 WK Phone: 427-9490 MSSG Phone: _____
- Date and time of incident: 7/1/04 10:25 AM
- Location of incident:
231 Vine Maple Loop, Carson, WA
- Describe in narrative form and in detail exactly how the incident occurred:
Street sweeper kicked up small rock which hit
rear window of vehicle parked along street
- What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): 488.95

8. Please list name and address of any and all witnesses or persons involved:
(Please Print)

Sweeper operator and his supervisor. I did not
get their names.

9. Describe the damages or injuries you sustained as a result of the incident:

No injuries. Damage was shattered rear window

10. Was incident investigated by a police officer? Sheriff _____ State Patrol _____
City NO

11. If a vehicle was involved in the incident, describe: Make Plymouth
Model Voyager Year 1993 State WA License No. _____
Insurance Company _____ Policy Number _____

12. Describe what you did after the incident occurred: Spoke to the operator
of the sweeper, cleaned up glass as best as possible

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. Sweeper operator had already stopped
the sweeper and called for supervisor. He said he saw the
rock fly up and hit the window

14. How did you identify the County as the party responsible for your damage?
Sweeper operator stopped when it happened and
I spoke to him

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this claim is true and correct.

DATED THIS 1 DAY OF July, 2004

Harold J. [Signature]
Claimant's Signature

File Name: Commiss/Risk Mang/Claims/Claim For Damages

NOTE: Personal property (car, etc.) damages are to be accompanied by 2 estimates for repair costs. The Skamania County Risk Manager will investigate this claim. The decision to honor this claim will be based upon that investigation. Making a false report or providing false evidence is a crime and punishable by fine and/or imprisonment. Additional pages may be attached if needed to answer the questions.

Northwest Windshields Inc.
PO Box 1670
The Dalles, OR 97058

(541) 296 - 2414 (800) 421 - 0022 Fax: (541) 298 - 5929

| | |
|----------------|------------|
| INVOICE NUMBER | |
| DATE | 7/1/2004 |
| REFERENCE # | Wrk: 42703 |
| TAX ID NUMBER | 930892269 |

2:37PM

| | | | | |
|----------------------|------------------------|-----------|---|--------|
| ACCOUNT | CUSTOMER TAX ID NUMBER | PO NUMBER | INSTALL DATE: 7/2/2004 03:00 P | Mobile |
| | | | INSTALLED BY: AMADO VELADOR | |
| SALES REP: | | | TERMS: | |
| BILL TO: CASH | | | SOLD TO: Attn: KARL NYHOLM 231 VINE MAPLE LOOP CARSON, WA W: (509) 427-9490 H: (509) 427-8518 | |

Insurance Information

| | | |
|--------|-----------------------|-------------|
| AGENT: | VERIFIED BY: CUSTOMER | DISPATCH #: |
| | POLICY NUMBER: | |
| | CLAIM NUMBER: | |
| | CAUSE OF LOSS: | |
| | DATE OF LOSS: | DEDUCTIBLE: |

Vehicle Information

| | | |
|------------------|----------------|------------|
| MAKE: PLYMOUTH | MODEL: VOYAGER | YEAR: 1993 |
| BODY: MINI VAN | VIN: | ODOMETER: |
| STOCK #: R.O. #: | UNIT #: | LICENSE #: |

| Qty | Part Number | Hours | Labor | Adhesive | List Price | Net Price | Line Total |
|------|---|-------|--------|----------|------------|-----------|------------|
| 1.00 | DB07942YPYN Back Window (Heated) (1 Holes) (Wiper) (May need M | 3.20 | \$0.00 | \$0.00 | \$761.60 | \$456.96 | \$456.96 |
| 1.00 | HAH000004-20 Adhesive Adhesive (Urethane, Dam, Primer) | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

THANK YOU FOR CHOOSING NORTHWEST WINDSHIELDS...AN AGRSS COMPLIANT COMPANY...FOR YOUR SAFETY!!

All checks are subject to a \$25.00 return check fee. In the event your check is returned unpaid, we may redeposit your check electronically. In addition to the face amount of the check, the return check fee will be assessed against your account.

FOR YOUR SAFETY...GO TO: WWW.SAFEWINDSHIELDS.COM THIS IS YOUR STATEMENT. IF A BALANCE IS OWED, PAYMENT IS DUE UPON RECEIPT

Total Labor \$0.00
 Total Kit \$0.00
 Total Parts \$456.96
 Subtotal \$456.96
 Sales Tax @ 7.0000 % \$31.99

Thank you! ANDREA

Customer Signature:

Amount Due: \$488.95 Invoice Total

\$488.95

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described on street, highways, and elsewhere for the purpose of inspection, testing, and pick-up/delivery to me. AN EXPRESS MECHANIC'S LIEN is hereby acknowledged on the above vehicle to secure the amount of repairs thereon. Not responsible for loss or damage to vehicle or articles therein by causes beyond our control. REPLACEMENT HAS BEEN MADE TO MY SATISFACTION AND I HEREBY ASSIGN SUCH PROCEEDS AS MAY BE REQUIRED TO SATISFY ALL AMOUNTS DUE AND OWING TO THE ABOVE NAMED COMPANY FOR SAID INSTALLATION. IF FOR ANY REASON THE INSURANCE COMPANY DOES NOT PAY FOR THESE REPAIRS/REPLACEMENTS, THE ABOVE SIGNED AGREES TO PAY FOR SAID REPAIRS/REPLACEMENTS.

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

FAX: (509) 427-7974

Greg H. Wyninger
(509) 427-8049

Date 11/10/04

Name Karl Nyholm Address 231 Vineyard Loop City Carson Phone 427-8518
Make Plymouth Year 93 Serial No. _____ Body Style _____ Style No. _____
Mileage 104,460 License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

| RE PAIR | RE PLACE | ESTIMATE OF REPAIR COSTS | PAINT TIME | LABOR HRS. | PARTS | SUBLET |
|-----------|----------|---|------------|------------|-------|--------|
| ✓ | | REAR WINDOW PRIVACY 1 HEATED W/WIPER GRAY | | 2.5 | 50.00 | |
| TOTAL | | | | | | |
| \$ 716.90 | | | | | | |
| JACK | | | | | | |
| TOTAL | | | | | | |

IN # 20041000/0
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REMARKS _____

\$ _____ insurance deductible

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.

| | | | |
|---|--------------------|-----|----|
| 2.5 HRS. OF LABOR AT \$40 ⁰⁰ | PER HR. \$ | 100 | 00 |
| | PARTS \$ | 550 | 00 |
| | PAINT MATERIALS \$ | 20 | 00 |
| | SUB TOTAL \$ | 670 | 00 |
| | SALES TAX \$ | 46 | 90 |
| | ESTIMATE TOTAL \$ | 716 | 90 |
| | ADVANCE CHARGES \$ | | |
| | GRAND TOTAL \$ | | |

By: _____ THIS WORK AUTHORIZED BY _____

100-1-661-1232