

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)
Mitchell, Daniel Laura Mitchell
- 109 Little Rock Creek Underwood WA 98651
Address (PO Box 94) City State Zip
- HM Phone: 509-538-2268 WK Phone: _____ MSSG Phone: _____
- Date and time of incident: 8-1-05 8:10 Am
- Location of incident:
Cook-Underwood Rd past gravel pit
- Describe in narrative form and in detail exactly how the incident occurred:
I was driving up Cook-Underwood road + a County truck (oil truck) was going down the hill. A rock was thrown from the tires of the county truck and broke window (driver's wing window) also chipped windshield
- What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): \$402.96

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

none

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

none

10. Was incident investigated by a police officer? Sheriff _____ State Patrol _____
City _____

11. If a vehicle was involved in the incident, describe: Make Chev
Model PU Year 1978 State WA License No. A
Insurance Company State Farm Policy Number 57 0515-E24-47

12. Describe what you did after the incident occurred: tried to wave
down the truck & the truck behind him
but they did not stop.

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. ~~he~~ talked to a guy at County
Shop, he said to go to Auditors & get
claim form.

14. How did you identify the County as the party responsible for your damage?
was only other vehicle on the road

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 1st DAY OF August, 2005

Bon Lee Mitchell
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.

2005158204
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Quote for 1978 Chevrolet Pickup C10 - Mileage:

Mitchell, Daniel
Po Box 94
Underwood, WA 98651
Home: 509-538-2268

Sams Auto Body
"www.samsauto.biz"
351 2nd St (P.O. Box 1155)
Stevenson, WA 98648
Phone: 509-427-5248
Email: samsautobody@earthlink.net

Type	Description	Qty/Hrs	Part No	Unit Price	Subtotal
Flat	Front Winshield Replacement				235.00
Part	Left Vent Glass	1.00		95.00	95.00
Labor	Install Vent Glass	0.7			40.60

	Worksheet	Supplies	Hazmat	Tax	Subtotal
Part \$	95.00	6.42		6.65	108.07
Labor \$	275.60		0.00	19.29	294.89
				Grand Total	402.96