



Doc # 2007167107
Page 1 of 5
Date: 08/02/2007 09:45A
Filed by: CLIFF NUTTING
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$0.00

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY AUDITOR
Skamania County Courthouse
240 NW Vancouver Ave, Room 27
PO Box 790
Stevenson, WA 98648

FOR OFFICE USE ONLY:

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

1. Name (including spouse if married): (Please Print)
CLIFF NUTTING CLIFF NUTTING
2. PO Box 408 (382 Hombre) WASHOUGAL WA 98671
Address City State Zip
3. HM Phone: 360-837-3110 WK Phone: _____ MSSG Phone: _____
4. Date and time of incident: _____
5. Location of incident:
LIBARRE RD - APPROX "1/4 mile" from
INTERSECTION WITH NORTH FORK / WASHOUGAL RIVER
6. Describe in narrative form and in detail exactly how the incident occurred:
MULTIPLE LOOSE CHIP SEAL FLEW UP
OFF ROAD WHEN VEHICLE WENT OPPOSITE
DIRECTION AND REPERED WINDSHIELD
IMBEDDING AND BREAKING GLASS
7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): \$243²³ OR \$286²⁵ OR
\$201³⁵

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

my son Josh - SAME ADDRESS

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

BROKEN HAND SHELL

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

NO

11. If a vehicle was involved in the incident, describe: Make HOND
Model BLANTRA Year 1992 State WA License No. 547-VY6
Insurance Company _____ Policy Number _____

12. Describe what you did after the incident occurred: drove home -
husband called ROAD DEPT - ADVISED
LARRY THAT LARGE LOGGING EQUIP TRUCK
HAD LOOSEND CHIP SOME UP AGAIN

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. I HAD NONE

14. How did you identify the County as the party responsible for your damage?

THEY DID CHIP SOME 7/3/07 - THEIR TRUCKS
RD DEPT VERIFIED THEY DID WORK

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 31st DAY OF July, 2007

Lori Rutting
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.

VANCOUVER GLASS
705-F S.E.PARK CREST AVE
VANCOUVER, WA 98684

Copy 1

PH:256-0220 FAX:360-256-9688

VANCOGL011JN
Fed Tax ID: 91-1142041

P/O # :	Cust State Tax ID:	Quote: Q037497
Taken By:	Cust Fed Tax ID:	Date: 7/30/2007
Installer:	Ship Via:	Time: 01:47 PM
SalesRep:	Adv.Code:	

Bill To:

Sold To:

CLIFF NUTTING

CLIFF NUTTING

837-3110 Fax: 837-3470

Vehicle Information

Make : Hyundai
Odometer :

Model/Style : Elantra 4 Door Sedan
VIN :

Year : 1992
License :

Qty	Part Number	Description	List	Disc%	Sell	Total
1	FW00688GBNNCOM	Windshield	\$187.60	15	\$159.46	\$159.46
1	70F	Flat Labor (Flat Rate) (3.1 Hours)	\$70.00	0	\$70.00	\$70.00
1	HAH000004	Adhesive-(2.0,Urethane,Dam,Primer)	\$20.50	0	\$20.50	\$20.50
1	WFS F688	Moulding	\$14.60	0	\$14.60	\$14.60

THIS IS NOT A RECEIPT -- DO NOT PAY

Sub Total: \$264.56
Tax : \$21.69

Total: \$286.25

Doc # 2007167107
Page 3 of 5

Remit Payment To: SPEEDY GLASS
PO BOX 3877
SEATTLE, WA 98124
Ph: 1-800-665-3367

QUOTE
9188-738852
07/27/07

SPEEDY GLASS - PORTLAND (DIVISION)
11131 S.E. DIVISION STREET
PORTLAND, OR 97266 Ph: 503-252-1439 Fax: 503-252-5672

WO # 738852 Federal Tax ID #:91-1270511
MOBILE

Bill To: CLIFF NUTTING

Job Site:

Account No.: 9188

Tax Exempt No.:

Agent:
Agent #:
Agent Ph:
Authorization #:
Authorized By:
Claim PO #:

Claim #:
Policy Name:
Policy Number:
Cause of Loss:
Date of Loss:

Vehicle Year: 1992
Make: HYUNDAI
Model: ELANTRA
Body Style: 4 DOOR SEDAN

VIN:
License:
State:
Odometer:
Verified By:

Work Required:

Part	Description	QTY	Location:		Net	Extended
			List	Discount		
FW00688GBNN*PNA	WINDSHIELD	1	182.00	27.00 %	132.86	132.86
NAGSLABOR	NAGS LABOR (FW00688GBNN) - 3.1 HRS	1	35.00	0.00 %	35.00	35.00
WFS_F688	W/S FILLERSTRIP-92 HYUNDAI	1	13.89	0.00 %	13.89	13.89
HAH000004	(2) ADHESIVE, URETHANE	1	10.00	0.00 %	10.00	10.00
MATDISPFEE	MATERIAL HANDLING DISPOSAL FEE	1	7.00	0.00 %	7.00	7.00
SHOPSUPP	SHOP SUPPLIES	1	3.00	0.00 %	3.00	3.00

Subtotal 201.75
Deductible 0.00
Tax Amount 0.00

Payment PO #:
Customer Invoice #
2nd Bill To Invoice #

Total Payable: 201.75
Payments: 0.00

Additional Notes:

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 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 Speedy Glass subject to and according to all terms as noted below.

Customer's Signature:

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

Page 1 of 1

DOC # 2007167107
Page 4 of 5



**AUTO
COMMERCIAL
RESIDENTIAL**

Quote only!

DATE: 7/27/07

Beaverton (503) 520-0606 SeaTac (253) 838-0000
Salem (503) 844-9116 Bellevue (425) 450-0666
Portland (503) 650-5888 Vancouver (360) 254-4556
Oregon (503) 399-9624 Nationwide (888) 227-0555

o Send Payment to:
CORPORATE OFFICE

11495 SW Canyon Rd
Beaverton, OR 97005
(503) 227-6666
FAX (503) 641-0707
TIN# 93-1263950

NAME Cliff Nutting
REET ADDRESS

DIRECTIONS: (CROSS STREET)

STATE ZIP

PHONE NO. Fax# 360-837-3470

AR MAKE MODEL

PR MILEAGE

W. DISCOUNT

INSURANCE (CASH) (CREDIT) (NO INSURANCE)

ENT. BROKER

ONE ()

LIC. NO. CLAIM NO. VERIFIED BY

INSURANCE CO.

INSTALLER

MILWAUKIE
13123 SE McLoughlin Blvd
Milwaukie, OR 97222
(503) 650-5888
FAX (503) 786-5998

SALEM
2490 State St.
Salem, OR 97301
(503) 399-9624
FAX (503) 581-4319

SEATTLE
155 NW 85th St.
Seattle, WA 98117
(206) 444-5555
FAX (206) 297-6023

VANCOUVER
8304 E. Millplain
Vancouver, WA 98664
(360) 254-4556
FAX (360) 750-7447

QTY	SIZE/PART NO	DESCRIPTION	COLOR	LABOR	NET MATERIAL
1		1990 ISUZU Trooper II New windshield			\$ 243.23
1		1992 Hyundai Elantra New windshield			\$ 243.23

I am authorized to perform the above work, with terms and conditions on reverse side.

SIGNATURE _____ DATE _____

I certify above work has been done to my complete satisfaction.

SIGNATURE _____ DATE _____

I authorize MY INSURANCE COMPANY to make payment to MS on their invoice to follow, full amount due me under the terms of my policy covering said loss. I understand that if for any reason my insurance company does not pay this claim I will be responsible for payment of same.

TOTAL MATERIAL	
LABOR	
SALES TAX	
TOTAL DUE	
DEDUCTIBLE	
Non-refundable DEPOSIT	
BALANCE DUE	486.46

DOC # 2007167107
Page 3 of 3