



Doc # 2007167108
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Date: 08/02/2007 09:49A
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)

CLIFFORD S NUTTING LORI L. NUTTING

2. PO Box 408 (382 Hembree) WASHTUCAL WA 98671
Address City State Zip

3. HM Phone: 3608371310 WK Phone: _____ MSSG Phone: _____

4. Date and time of incident: 7-03-07 _____

5. Location of incident:

mile "0" to mile "3" LABARRE RD - WEST
END SKAMANIA COUNTY

6. Describe in narrative form and in detail exactly how the incident occurred:

WENT TO DRIVE ON LABARRE RD 7/3/07 APPROX
4 HOURS AFTER CHD/SEAL COMPLETED - TAIL/ROCKS
(EVEN AT REDUCED SPEED) CAME FLYING OF MY
TIRES & PASTING (OTHER DIRECTION) CAR STRIKING
MY FACE - MY WINSTICKS - MY PAIN! ETC

7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): \$231⁶⁹ OR \$243²³ OR

\$320²⁵

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

(Please Print)

PAUL PEARCE - Skamania County Commissioner

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

TWO ROCK HOLES IN MY WINDSHIELD
MULTIPLE TINY ROCK ADHERING TO PAINT JOB
ROCK STRUCK FACE WHILE DRIVING

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

11. If a vehicle was involved in the incident, describe: Make TRUCK
Model TROOPER Year 1990 State WA License No. 960YAA
Insurance Company _____ Policy Number _____

12. Describe what you did after the incident occurred: CALLED ROAD DEPT
SPOKE WITH CLAY - CALLED COMMISSIONER PEARCE
AND SHOWED VEHICLE WITH ROCKS STILL
IMBEDDED IN WINDSHIELD 3 PAINT - SPOKE WITH
OTHER RESIDENTS - CALLED CLAY AT RD DEPT

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. REPORTED TO SUPERVISOR CLAY - HE SAID
CRACK SEAL SET UP WAS ALMOST IMMEDIATE AND HE WOULD EVEN
"RIDE HIS HOG" ON IT - ETC - EXPLAINED WATER COMPACTED OIL SETS
UP - I SAID "NOT THIS TIME" DISCUSSED WORK CREW - RESPONSE
OF "WASH OIL OFF WITH DESEAL"

14. How did you identify the County as the party responsible for your damage?
COUNTY LAYED CHIP ROCK 1 WEEK PRIOR
COUNTY LAYED OIL SEAL THAT DAY JULY-3-07
AND SUPERVISOR ADMITTED SO - TRUCKS WERE
ON SITE

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 31 DAY OF JULY, 2007

C. J. L. S. Miller
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.

Remit Payment To: SPEEDY GLASS
PO BOX 3877
SEATTLE, WA 98124
Ph: 1-800-665-3357

QUOTE
9128-738848
07/27/07

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

WO # 738848 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 PD #:

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

Vehicle Year: 1990
Make: ISUZU
Model: TROOPER II
Body Style: 4 DOOR UTILITY

VIN:
License: State:
Odometer:
Verified By:

Work Required:

Part	Description	QTY	Location:		Net	Extended
			List	Discount		
FW004B3BTNN*PPG	WINDSHIELD	1	177.05	27.00 %	129.25	129.25
NAGSLABOR	NAGS LABOR (FW004B3BTNN) - 2.3 HRS	1	35.00	0.00 %	35.00	35.00
WBL_4B3	WTHSTRP (BLK) ISUZU TROOP II W/MLD688-	1	47.44	0.00 %	47.44	47.44
HAH000004	(1.5) ADHESIVE, URETHANE	1	10.00	0.00 %	10.00	10.00
SHOPSUPP	SHOP SUPPLIES	1	3.00	0.00 %	3.00	3.00
MATDISPFEE	MATERIAL HANDLING DISPOSAL FEE	1	7.00	0.00 %	7.00	7.00

Subtotal 231.69
Deductible 0.00
Tax Amount 0.00

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

Total Payable: 231.69
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

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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: Q037496
Taken By:	Cust Fed Tax ID:	Date: 7/30/2007
Installer:	Ship Via:	Time: 01:47 PM
SalesRep:	Adv.Code:	

Bill To:

CLIFF NUTTING

Sold To:

CLIFF NUTTING

837-3110 Fax: 837-3470

Vehicle Information

Make : Isuzu
Odometer :

Model/Style : Trooper II 4 Door Utility
VIN :

Year : 1990
License :

Qty	Part Number	Description	List	Disc%	Sell	Total
1	FW00483BBNNCOM	Windshield	\$183.15	15	\$155.68	\$155.68
1	70F	Flat Labor (Flat Rate) (2.3 Hours)	\$70.00	0	\$70.00	\$70.00
1	HAH000004	Adhesive-(1.5,Urethane,Dam,Primer)	\$20.50	0	\$20.50	\$20.50
1	WBL 483	Weatherstrip	\$49.83	0	\$49.83	\$49.83

THIS IS NOT A RECEIPT -- DO NOT PAY

Sub Total: \$296.01
Tax : \$24.27

Total: \$320.28

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**AUTO
COMMERCIAL
RESIDENTIAL**

Quote only!

DATE: 7/27/07

averton (503) 520-0606 SeaTac (253) 638-0000
sboro (503) 844-9116 Bellevue (425) 450-0666
pghn City (503) 650-5888 Vancouver (360) 254-4556
am (503) 399-8624 Nationwide (888) 227-0555

**Send Payment to:
CORPORATE OFFICE**
11495 SW Canyon Rd
Beaverton, OR 97005
(503) 227-6666
FAX (503) 641-0707
TIN# 93-1263950

ME Cliff Nutting

REET ADDRESS _____

STATE _____ ZIP _____

PHONE NO. Fax# 360-837-3470

AR MAKE _____ MODEL _____

W/REPAIR/REPLACE/REPLACE/REPLACE

INSURANCE ☒ CASH ☐ LOSS ☐ LOSS/REPLACE

ENT.BROKER _____

ONE () _____

UCY NO. _____ GLASS FOG _____ VERIFIED BY _____

URANCE 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) 399-9824
FAX (503) 581-4319

SEA TLE
155 NW 85th St.
Seattle, Wa 98117
(206) 444-5555
FAX (206) 297-6023

VANCOUVER
8204 E. Millplain
Vancouver, WA 98664
(360) 254-4556
FAX (360) 760-7447

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	
TOTAL DUE	486.46

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