



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)

Dave & Joanne Gildersleeve

PO Box 1038

2. 122 Smith-Breckon Rd Carson WA 98610
Address City State Zip

3. HM Phone: 427-8779 WK Phone: 427-3794 MSSG Phone: _____

4. Date and time of incident: 6/23/09

5. Location of incident:

122 Smith-Breckon Rd

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

Pick up parked off the road along the roadway.
Road is in the process of being worked on and top
was gravel. Sweeper came by and gravel sprayed
all over drivers side, on the hood, roof and into
bed of pick up as well as windshield damage.

7. What is the amount of damages claimed arising out of the following circumstances

(Include estimates and bills, if available): \$? Windshield \$316.36 + tax
replacement estimate attached.

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

(Please Print)

Joanne + Jori Gildersleeve, Neighbor
Kevin Matta

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

Paint damage to side + hood of truck.
Windshield rock chips

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

No

City _____

11. If a vehicle was involved in the incident, describe: Make Toyota
 Model Tacoma Year 2000 State WA License No. A43764X
 Insurance Company St Policy Number _____

12. Describe what you did after the incident occurred: Reported to Road

Crew supervisor Clay Moser

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. Road sup was going to take a

look and speak with equipment operator

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

Sweeper had just went by.

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 25th DAY OF June, 2009

Joanne Gildersleeve
 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.

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NW WINDSHIELDS INC

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

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

INVOICE NUMBER	
DATE	6/25/2009
REFERENCE #	Quo: 4787
TAX ID NUMBER	930892269

2:49PM

ACCOUNT	CUSTOMER TAX ID NUMBER	PO NUMBER	INSTALL DATE:
			INSTALLED BY:
SALES REP:			TERMS:
BILL TO: CASH			SOLD TO: Attn: JOANNE GILDERSLEEVE
F: (509)427-3798			

Insurance Information

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

Vehicle Information

MAKE: TOYOTA	MODEL: TACOMA PICKUP	YEAR: 2000
BODY: 2 DOOR EXTENDED CAB	VIN:	ODOMETER:
STOCK #: R.O.#:	UNIT #:	LICENSE #:

Qty	Part Number	Hours	Labor	Adhesive	List Price	Net Price	Line Total
1.00	FW00799GBNN Windshield (May need Mldgs)	3.80	\$0.00	\$0.00	\$533.55	\$280.81	\$280.81
1.00	HAH000004-20 Adhesive Adhesive (Urethane, Dam. Primer)	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1.00	HFL000137 OEM # - WFS F799 RC Filler Filler (W/Rain Channel) (Black)	0.00	\$0.00	\$0.00	\$35.55	\$35.55	\$35.55

Terms & Conditions: All services performed and products delivered are on a cash on delivery (COD) basis unless authorized in advance. All returned checks are subject to a \$25.00 return check fee. We may redeposit your check electronically to include the face amount of your check and the return check fee. All unpaid balances will be billed a monthly finance charge of 2% per month (24% APR). If this bill goes to collection, the customer is liable for court costs and collection fees.

* THIS IS A QUOTE / DO NOT PAY *

Total Labor	\$0.00
Total Kit	\$0.00
Total Parts	\$316.36
Subtotal	\$316.36
Sales Tax @ 7.6000 %	\$24.04

Thank you! NWWS

Customer Signature:

Amount Due: \$340.40 Invoice Total **\$340.40**

I hereby authorize the above repair work to be done, along with the necessary material, and hereby grant you under 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 MECHANICS LIEN is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. 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.