



PROSECUTOR GV
COMMISSIONERS SK
DEPARTMENT MC
INSURANCE JP

KITTITAS COUNTY CLAIM FOR DAMAGES

Return to:

County Auditor

205 W 5th Ave, Suite 105
Ellensburg, WA 98926
509-962-7504

Instructions:

Please read the entire form before completion. Fill out each question as completely as possible, to the best of your ability. Do not hesitate to use the back side of this form if you need more than the space provided. An incomplete response may delay the processing of your claim.

1. Name (Including spouse, if married):

Michael and Jennifer Backstrom

2. Phone (Home): (509) 933 1347 (Work): (509) 962 0360

3. Address (include former address if at present address for less than 6 months):

Physical

80 Brick Mill Rd, Ellensburg

Mailing

4. Date of Birth: [REDACTED]

5. Date and Time of Incident:

1/20/16 (AM some time)

6. Location of Incident:

Mail Box Location on North side of
Brick Mill Rd

7. Describe in detail the defect which caused the injury:

snow plow caught the mail box
with plow and pushed it loose from
the post. Mail box was very disfigured
and couldn't close.

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

See #7

9. List the names of all persons involved and contact information, if known.

MR. Snowplow Driver for Kittitas County

10. Was claim investigated by a police officer? Nope

Sheriff _____ State Patrol _____ City Police _____

11. Description of claimant's vehicle: N/A Make _____ Year _____

Model: N/A License No. N/A

12. Describe what you did after the accident occurred:

Called the county for directions on
how I can handle this.

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred:

They told me to go to auditors website
and look for the form. This is all I could find.

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

I am fine... mailbox is very injured.

15. What is the amount of damages claimed? (Include estimates and bills, if available):

\$21.59

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

Road was freshly plowed by the county

17. List the names and addresses of all witnesses to the incident:

N/A

18. Are you covered by insurance? _____ If yes, who is your insurance agent/carrier?

N/A

Dated this 20 Day of January, 2016.

Jennifer Bader
Signature of Claimant

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20__.

Seal

Notary Public in and for the State of Washington
Residing at _____



THANK YOU FOR SHOPPING AT
WOODS ACE HARDWARE
(509) 925-2961

01/20/16 3:10PM TRICIA 552 SALE

5266176 1 EA 19.99 EA
MAILBOX RURAL T1ELITE-BIZ 19.99

SUB-TOTAL 19.99 TAX: 1.60
TOTAL: 21.59
BC AMT: 21.59

BK CARD#: XXXXXXXXXXXX6588
ID: 191200552880
AUTH: 361244 AMT: 21.59
Host reference #:201218 Bat#
SWIPED
CARD TYPE: VISA EXPR: XXXX

TxnID/ValCode: 022828
Bank card 21.59



==>> JRNL#C01218
CUST # *5

<<==

Name : Amanda Banks

I agree to pay above total amount
according to card issuer agreement
(merchant agreement if credit voucher)
Acct: CASH CUSTOMER

KEEP YOUR RECEIPT FOR RETURNS
NO RETURNS AFTER 60 DAYS

