03/08/2010 10:14:45 AM 201003080012
$0.00 Page 1 of 6
Claims Against County/rls/misc MAILED BY BONUS TRANSPORTATION
Kittitas County Auditor

KITTITAS COUNTY CLAIM FOR DAMAGES

Return to: County Auditor
205 W 5th, Suite 105
Ellensburg, WA 98926

AUDITORS NOTE: Portions of this document poor quality for imaging

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): TRUCK OWNED BY BOUCHAN BROS., INC. DRIVEN BY FRANK GREY

2. Phone #: (Home): (407) 376-3634 (Work): (352) 735-0035

3. Address (include former address if at present address for less than 6 months): P.O. BOX 169 SORRENTO, FL. 32776

4. Date of Incident: 1-4-10

5. Location of Incident: INTERSTATE 82 1 MILE SOUTH MANASTASH RIDGE

6. Describe in detail the defect which caused the injury: NO INJURY NOTED

7. Describe in narrative form and in detail exactly how the incident occurred: SEE REPORT # 3320576 ATTACHED

8. Was claim investigated by a police officer? YES

Sheriff _____ State Patrol ✓ City Police _____

9. Description of claimant's vehicle: INTERNATIONAL Make 2007 Year

Model 9400i License No. Z69345

10. Describe what you did after the accident occurred: STOPPED AND CHECKED ON CONDITION OF PASSENGERS IN OTHER VEHICLE

11. Describe the conversations you had, if any, with County personnel during or after the incident occurred: CONVERSATION WITH SHERRIFF CONCERNING WELL BEING OF PASSENGERS AND DAMAGE TO VEHICLES.

12. Describe the damages or injuries which you sustained as a result of the incident: DAMAGE TO FRONT / LEFT FRONT - BUMPER, GRILL, HOOD, FENDER, STEP, CHAIN RACK QUARTER FENDER, HEADLIGHT ASSEMBLY,

13. What is the amount of damages claimed? (Include estimates and bills, if available): ESTIMATE #1 $9,980.14 ESTIMATE #2 $12,002.03

14. How did you identify the County as the party responsible for your damage? BY SPEAKING WITH THE OFFICER DRIVING THE CAR THAT WAS INVOLVED IN THE ACCIDENT.

15. List the names and addresses of all witnesses to the incident: NICHOLAS G. WATSON
7060 BRICKMILL RD.
ELLENSBURG, WA. 98926

16. Are you covered by insurance? YES If yes, who is your insurance agent/carrier? TIP NATIONAL

Dated this 3RD Day of MARCH, 2010.

Bonus Transportation, Inc.

Alison M. Harding

Signature of Claimant

* * * Notary * * *

Verified signature of Claimant

Subscribed and sworn (affirmed) to before me this 3RD Day of MARCH, 2010.

Seal

FRANCIS L PROUTY
MY COMMISSION # DD934966
EXPIRES December 18, 2013
(407) 398-0153 FloridaNotaryService.com

Notary Public in and for the State of ~~Washington~~ FLORIDA

Residing at LAKE COUNTY

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$0.00 Page 3 of 6
Claims Against County/rls/misc MAILED BY BONUS TRANSPORTATION
Kittitas County Auditor

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. 3320576

INTERSTATE ☒	CITY STREET ☐	FIRE RESULTED ☐	
STATE ROUTE ☐	OTHER ☐	STOLEN VEHICLE ☐	
COUNTY RD ☐	PRIVATE WAY ☐	HIT & RUN INVOLVED ☐	

CASE # 10-000176

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK GUARD RAIL

TRIBAL RESERVATION

DATE OF COLLISION (M M D D Y Y Y Y) 01-04-2010 TIME (2400) 1247 COUNTY # 19 MILES 11.00 N ☐ S ☒ E ☐ W ☐ IN CITY ☐ OF ☒ # 0380

ON (PRIMARY TRAFFIC WAY) INTERSTATE 82 INTERSECTION ☐ NON-INTERSECTION ☒

BLOCK NO. ☐ MILE POST ☒ 10.00

DISTANCE 1.00 MILES ☒ FEET ☐ N ☐ S ☒ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) MANASHTASH RIDGE : I-82

UNIT 01

MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE (509) 925-8534

LAST NAME	MARX	FIRST NAME	ROBERT
MIDDLE INITIAL	F		

STREET NEW ADDRESS ☐ 307 West Umptanum Road

CITY ELLENSBURG ST WA ZIP 98926

CDL | ENDORSEMENTS 3 | RESTRICTIONS

DRIVER'S LICENSE # MARX*NF524N2 STATE WA SEX M D.O.B. MMDDYYYY 08-22-1948

ON DUTY ☒ | STATUS | AIRBAG 2 | RESTR. 4 | EJECT 1 | HELMET USE | INJURY CLASS 7 | NATURE OF INJURIES: Concussion

LICENSE PLATE # 840700C STATE WA VIN# 2FAFP71W17X146765

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2007 MAKE FORD MODEL CROWN STYLE 4DR VEHICLE TOWED YES ☒ NO ☐ TOWED BY McINTOSH TOWING GOVT. VEHICLE YES ☒ NO ☐

REGISTERED OWNER INFO. Kittitas County Sheriff's Office - 307 W Umptanum Ellensburg.

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # SELF

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 1 SHADE IN DAMAGED AREA

FROM 37 TO 37

UNIT 02

MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE (352) 735-0035

LAST NAME	GREY	FIRST NAME	FRANK
MIDDLE INITIAL	M		

STREET NEW ADDRESS ☐ 151 MARSEILLE OAKS DRIVE

CITY ORLANDO ST FL ZIP 32839-6905

CDL | ENDORSEMENTS N | RESTRICTIONS A

DRIVER'S LICENSE # G600-273-53-429-0 STATE GA SEX M D.O.B. MMDDYYYY 11-29-1953

ON DUTY ☐ | STATUS | AIRBAG 2 | RESTR. 4 | EJECT 1 | HELMET USE | INJURY CLASS 1 | NATURE OF INJURIES: NONE

LICENSE PLATE # Z6934F STATE FL VIN# 2HSCNAPR27C556068

TRAILER PLATE # C06415 STATE FL TRAILER PLATE # | STATE

VEH. YEAR 2007 MAKE INT MODEL TRACTOR STYLE — VEHICLE TOWED YES ☐ NO ☒ TOWED BY — GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO. BOUGHAN BROTHERS INC 31599 4th St. Sorrento FL 32776

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # STATE NATIONAL TPN-000202

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) K. CONAWAY BADGE OR ID # WSP #124 AGENCY WSP

PART A 3000-345-159 R (7/06)

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591972

CORRECTION ☐ REPORT NO. 33205756

CASE # 10-000176

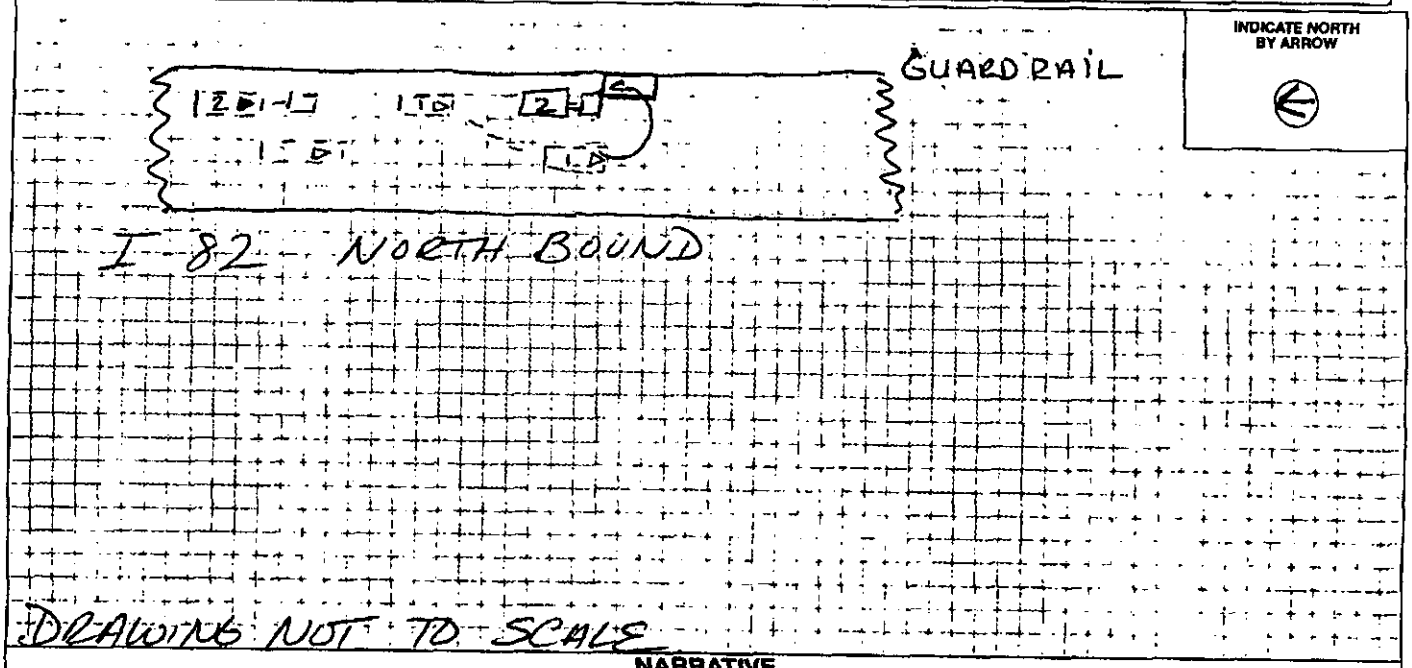
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	WATSON, NICHOLAS G. (509) 580-0098
ADDRESS & PHONE #	7060 Brickmill Road Ellensburg, WA 98926
SEX	M
D.O.B. MMDDYYYY	10-25-1993
PASSENGER ☒ WITNESS ☐	UNIT # 01
SEAT POS.	06
AIRBAG	2
RESTR.	4
EJECT	1
HELMET USE	
INJURY CLASS	6
NATURE OF INJURIES	Small Cut on head

NAME (LAST, FIRST, MIDDLE INITIAL)	
ADDRESS & PHONE #	
SEX	
D.O.B. MMDDYYYY	
PASSENGER ☐ WITNESS ☐	UNIT #
SEAT POS.	
AIRBAG	
RESTR.	
EJECT	
HELMET USE	
INJURY CLASS	
NATURE OF INJURIES	

NAME (LAST, FIRST, MIDDLE INITIAL)	
ADDRESS & PHONE #	
SEX	
D.O.B. MMDDYYYY	
PASSENGER ☐ WITNESS ☐	UNIT #
SEAT POS.	
AIRBAG	
RESTR.	
EJECT	
HELMET USE	
INJURY CLASS	
NATURE OF INJURIES	

DIAGRAM



NARRATIVE

HAD BEEN SNOWING HARD FOR SOMETIME - VEHICLE #1 CHANGED LANES FROM 2 TO 1 AND LOST TRACTION. VEH. #1 ROTATED TOWARDS THE LEFT LANE AND WAS STRUCK BY VEHICLE #2 IN THE LEFT LANE. THE IMPACT CAUSED THE #1 VEHICLE TO IMPACT GUARD RAIL AND SUSTAINED A SECONDARY IMPACT WITH VEHICLE #2 AS IT WAS ROTATING. INCIDENT RECORDED ON IN CAR CAMERA

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
	6-7	1-9-10	Kittitas County

APPROVED BY — DATE 1-9-10

BADGE OR ID #	124	ORI #	WAWSP0607	TIME POLICE DISPATCHED	1242	TIME POLICE ARRIVED	1242

PART B 3000-345-160 R (7/08)

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

CORRECTION ☐ REPORT NO. 33205716

CASE # 10-000176

COMMERCIAL MOTOR CARRIER INTERSTATE ☐ INTRASTATE ☒

UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE
01	00316378	201065	4	2

CARRIER NAME: Bonus Transportation Inc

CARRIER ADDRESS: POB 169

CITY: Sorrento ST: FL ZIP: 32776

NAME SOURCE: 2 # AXLES: 05 GVWR: 80,000 PLACARD ☐ — + — NAME IF NO NUMBER —

ADDITIONAL UNITS

UNIT # 03 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE (509) 962-9874

LAST NAME: WASHINGTON STATE FIRST NAME: D.O.T. MIDDLE INITIAL:

STREET NEW ADDRESS ☐: University Way

CITY: EllENSBURG ST: WA ZIP: 98926

CDL: ENDORSEMENTS: RESTRICTIONS:

DRIVER'S LICENSE #: STATE: SEX: D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

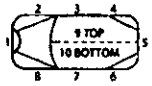
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA (FROM TO)



UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME: FIRST NAME: MIDDLE INITIAL:

STREET NEW ADDRESS ☐:

CITY: ST: ZIP:

CDL: ENDORSEMENTS: RESTRICTIONS:

DRIVER'S LICENSE #: STATE: SEX: D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

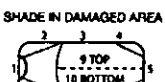
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED
[signature]	6-7	1-9-10	Kittitas County.

BADGE OR ID # 124 ORI # WAWSP0607 APPROVED BY [signature] DATE 1-9-10 PAGE 03 OF 03

3000-345-013 R (7/06)