

04/19/2010 09:48:19 AM

201004190002

\$0.00

Claims Against County/ris/misc
Kittitas County Auditor

K CO

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PROSECUTOR GL

COMMISSIONERS JP

DEPARTMENT KIT

INSURANCE JP

AUDITORS NOTE Portions of this
document poor quality for imaging

KITTITAS COUNTY CLAIM FOR DAMAGES

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

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):

Gregory D. Simons

Laura L. Simons

2. Phone (Home): (425-235-6059) (Work): (425-681-0319)

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

8308 121 Ave SE Newcastle WA 98056

Physical

Same

Mailing

4. Date of Incident:

4/2/2010

5. Location of Incident:

Interstate 90 east bound at exit 93 overpass

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

Snow plow on overpass threw snow on to Interstate 90 hitting our vehicle

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

Snow plow on overpass threw snow on to Interstate 90 hitting our vehicle

8. Was claim investigated by a police officer? Yes

Sheriff _____ State Patrol Yes City Police _____

9. Description of claimant's vehicle: Honda Make 2002 Year

Model Odyssey License No. 371YRC

10. Describe what you did after the accident occurred:

Phoned 911 and reported incident

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

State Trooper Darren Wright spoke with County Supervisor Chuck Reed on the phone at the time of the incident. Laura Simons spoke with Chuck Reed on the phone 4/6/10. He gave me the phone number for the Auditors office and said that if we needed any help with our claim to please give him a call.

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

Shattered windshield

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

\$307.42 We were traveling to Richland, WA for Easter and had our windshield replaced by Safelite on Saturday 4/3/10. I have enclosed a photocopy of the receipt and a copy of the Collision Exchange of Information form given to us by Trooper Darren Wright.



14. How did you identify the County as the party responsible for your damage?
State Trooper confirmed with Chuck Reed the presence of a yellow Kittitas County
snow plow at reported location followed by a second snow plow with driver that
witnessed incident.

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

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

State Farm, Christine Hutton
14950 ALLEN Rd Suite A, Bellevue WA 98006.
425-643-6505

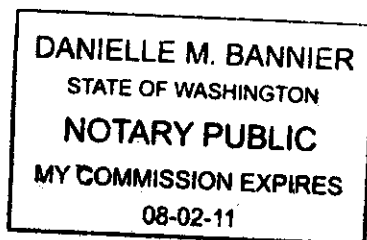
Dated this 13 Day of April, 2010.

Laura L. Simons

Signature of Claimant

Subscribed and sworn (affirmed) to before me this 13th day of April, 2010.

Seal



[Signature]

Notary Public in and for the State of Washington

Residing at Renton

BEW

COLLISION EXCHANGE OF INFORMATION

OFFICER NAME: **D. WRIGHT**

BADGE #: **1186**

AGENCY: **WA ST PATROL - OLYMPIA**

CASE NUMBER:

COLLISION DATE AND TIME: **4/2/2010 3:31 PM**

LOCATION:

UNIT 1: MOTOR VEHICLE

VEH YEAR: **2002**

VEH MAKE: **HONDA**

VEH MODEL: **ODYSSEY**

PLATE #: **371YRC**

VEH OWNER: **GREGORY D SIMONS**

TOWED BY:

INSURED BY: **STATE FARM**

POLICY #: **0348058B0447A**

DL #: **SIMONGD4200N**

DL STATE: **WA**

NAME: **GREGORY D SIMONS**

ADDRESS: **8308 121ST AVE SE**

NEWCASTLE, WA 980564408

DAY PHONE:

NIGHT PHONE:

UNIT 2: PROPERTY OWNER

VEH YEAR:

VEH MAKE:

VEH MODEL:

PLATE #:

VEH OWNER:

TOWED BY:

INSURED BY:

POLICY #:

DL #:

DL STATE:

NAME: **KITTITAS COUNTY PUBLIC WORKS**

ADDRESS: **411 N RUBY ST SUITE 1**

ELLENSBURG, WA 98926

DAY PHONE: **(509) 856-7077**

NIGHT PHONE:

ATTN: CHUCK ROSS

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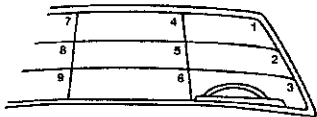
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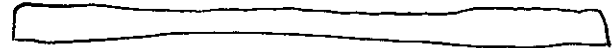
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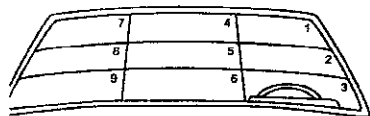
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