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PROSECUTOR V
COMMISSIONERS //
DEPARTMENT 60
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PATURANCE

04/12/2011 08:55:18 AM

201104120001 Page 1 of 6 C DENTON

\$0.00 Claims Against County/rls/misc Kittitas County Auditor

AUDITORS NOTE Portions of this document pour quality for imaging

KITTITAS COUNTY CLAIM FOR DAMAGES

Return to: County Auditor 205 W 5th, 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):
<u> </u>	
2.	Date of Birth: 3-1-46
3.	Phone #: (Home): <u>609) 962 5753</u> (Work): 609 962 - 7529
4.	Address (include former address if at present address for less than 6 months):
5.	Date of Incident: 4-11-2011
6.	Location of Incident: 307 Umptanum Rd, KCSO
	<u>/</u>

7.]	Describe in detail the defect which caused the injury:
Nata Cont	Describe in narrative form and in detail exactly how the incident occurred: Leouty toster opened fix car door and it seraped the right possenges door of my car.
9. Wa	as claim investigated by a police officer?
	Sheriff State Patrol City Police
10.	Description of claimant's vehicle: Cheurolet Make 2007 Year
	Model Cobalt License No. 711 WBN
	Describe what you did after the accident occurred: Checked Car Apoke with fully forter a got estimate. Describe the conversations you had, if any, with County personnel during or after the
incid	ent occurred: Spoke with Deputy Foster Briefly & gave on a little information my firthdate of phone incher
	Describe the damages or injuries which you sustained as a result of the incident: ight front passenger door is scraped keeds to be hopaired
14.	What is the amount of damages claimed? (Include estimates and bills, if available):
	How did you identify the County as the party responsible for your damage? Incident furred right outside my office window of actually tressed leverything

16. List the names and addresses of a	Il witnesses to the incident:
17. Are you covered by insurance?	If yes, who is your insurance
Dated this _// +h Day of _ Apri	<u>{</u> , 20 <u>(</u>
·	Carolyn Denton Signature of Claimant
* *	*Notary * * * Notary * * * Verified signature of Claimant
Subscribed and sworn (affirmed) to before	re me this // Day of
Seal ROBIN O THE	Notary Public in and for the State of Washington Residing at Ellemburg, WA

 $\varphi = \{ e_i \mid e_i = 0 \}$

04/11/2011 at 09:56 AM \$4372

Job Number:

ELLENSBURG CHEVROLET

Federal ID #:432056776 CUSTOMER SERVICE & OUALITY 1008 CANYON RD PO BOX 639 ELLENSBURG, WA 98926 (509) 925-6985 Fax: (509) 925-1966

PRELIMINARY ESTIMATE

Written Bv: JENNIFER MALLICK ##ASBBD Adjuster:

Insured: DENTON CAROLYN Owner: DENTON CAROLYN

Address: 1807 N.REGAL ST.

ELLENSBURG, WA 98926

Day:

Evening:

Claim # Policy #

Date of Loss: Type of Loss:

Deductible:

Point of Impact:

Inspect Location:

Insurance STATE FARM

Company:

Days to Repair

2007 CHEV AVEO LT 4-1.6L-FI 4D SED Int:

VIN: 1G1A155F777199578 Lic: Prod Date: Odometer: Air Conditioning Rear Defogger Tilt Wheel Intermittent Wipers Cruise Control Keyless Entry Dual Mirrors Console/Storage Alarm Power Steering Clear Coat Paint Power Brakes Power Windows Power Locks Power Mirrors AM Radio Heated Mirrors FM Radio Search/Seek CD Player Stereo

Passenger Air Bag Driver Air Bag Front Side Impact Air Bag Bucket Seats 5 Speed Transmission

Cloth Seats

Overdrive Aluminum/Alloy Wheels

QTY	EXT. PRICE	LABOR	PAINT
U	0.00	2.0	2.0
0	0.00	$\frac{2.0}{0.0}$	0.8
\circ	0.00	0.9	0.0
0	0.00	0.3	0.0
()	0.00	0.5	0.0
0	0.00	0.4	0.0
0	0.00	0.3	0.0
0	0.00	0.0	0.5
1	6.00	0.0	0.0
	1	1 6.00 	

04/11/2011 at 09:56 AM

Job Number:

PRELIMINARY ESTIMATE

2007 CHEV AVEO LT 4-1.6L-FI 4D SED Int:

Parts Body Labor Paint Labor Paint Supplies	3.3		6.00 33.20 74.90 99.00
SUBTOTAL Sales Tax	ŝ	\$ 5 513.10 @ 8.0000;	313.10 41.05
GRAND TOTAL		\$ 5	54.15
ADJUSTMENTS: Deductible	منو مبد مبد م		0.00
CUSTOMER PAY INSURANCE PAY		\$ \$ 5	0.00

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DRICNO7, CCC Data Date 02/01/2011, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional CEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOM Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM. Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Record. Recored parts are described as Recore. NAGS Fart Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2010 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

04/11/2011 at 09:56 AM + 1843/2

Job Number:

PRELIMINARY ESTIMATE

2007 CHEV AVEC LT 4-1.6L-FI 4D SED Int:

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

Aftermarket Selection Method: Manuall	y List
No. of times user was notified that an Aftermarket part was available:	1
No. of Aftermarket parts that appear in the final estimate:	G
OPTIONAL OEM PARTS	
Optional OEM Selection Method: Manuall	y List
No. of times user was notified that an Optional OEM part was available:	C
No. of Optional OEM parts that appear in the final estimate:	0
RECONDITIONED PARTS	
RECONDITIONED PARTS Reconditioned Selection Method: Manuall	y List
	y List O
Reconditioned Selection Method: Manuall	0
Reconditioned Selection Method: Manuall No. of times user was notified that a Reconditioned part was available:	0
Reconditioned Selection Method: Manuall No. of times user was notified that a Reconditioned part was available: No. of Reconditioned parts that appear in the final estimate:	0

No. of Recycled parts that appear in the final estimate: