

PROSECUTOR 62

COMMISSIONERS JK

DEPARTMENT ATTN: X0

INSURANCE JK

RECEIVED

SEP 07 2011

KITTITAS COUNTY
PROSECUTING ATTORNEY

08/30/2011 02:20:12 PM

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

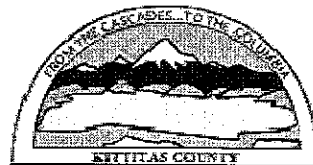
201108300030

Page 1 of 3
K CO PROSEC



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): MARC EYLAR
Spouse: Andi Eylar
2. Phone #: (Home): (509) 968-3746 (Work): (509) 929-7308
3. Address (include former address if at present address for less than 6 months):
PO Box 1312
Kittitas, WA 98934
4. Date of Incident: August 14th (overnight)
5. Location of Incident: Kittitas County Public Works
Lower County Shop
6. Describe in detail the defect which caused the injury: Theft - No injury

7. Describe in narrative form and in detail exactly how the incident occurred: Several Noxious weed trucks were broken into at the County Shop.

8. Was claim investigated by a police officer? Yes

Sheriff _____ State Patrol _____ City Police ✓

9. Description of claimant's vehicle: Work Truck Make 1996 Year
62
Model GMC K1500 License No. 6468 DC

10. Describe what you did after the accident occurred: Reported missing items to Ellensburg Police Department

11. Describe the conversations you had, if any, with County personnel during or after the incident occurred: Supervisor (Todd Davis) reported to Auditor's Office and HR.

12. Describe the damages or injuries which you sustained as a result of the incident: No injuries. Theft of personal equipment.

13. What is the amount of damages claimed? (Include estimates and bills, if available): \$120.00

14. How did you identify the County as the party responsible for your damage? Was told by Auditor's Office and HR to file claims for any personal items that were stolen.

15. List the names and addresses of all witnesses to the incident: No witnesses

16. Are you covered by insurance? No If yes, who is your insurance agent/carrier? _____

Dated this 22nd Day of August, 20 11.

[Signature]

Signature of Claimant

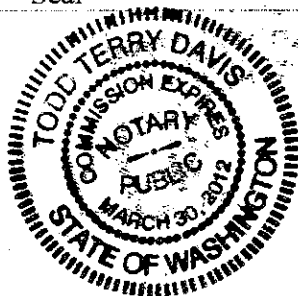
Notary

[Signature]

Verified signature of Claimant

Subscribed and sworn (affirmed) to before me this 22nd Day of August, 20 11.

Seal



Notary Public in and for the State of Washington

Residing at Ellensburg, WA