

KITTITAS COUNTY

DEPARTMENT OF PUBLIC WORKS

August 6, 2013

Neil Caulkins
Kittitas County Prosecutors Office
Ellensburg, WA 98926

RE: Claim for Damages: Susie and Cape Powers

Dear Mr. Caulkins,

I have reviewed the "Claim for Damages" submitted by Susie and Cape Powers stating damage to their vehicle at the corner of Judge Ronald Road and Pfenning Road on 7/30/2013. I have researched this claim and discussed with the Kittitas County Maintenance Manager. I am recommending approval of this claim.

If you have any questions or comments, please do not hesitate to contact my office.

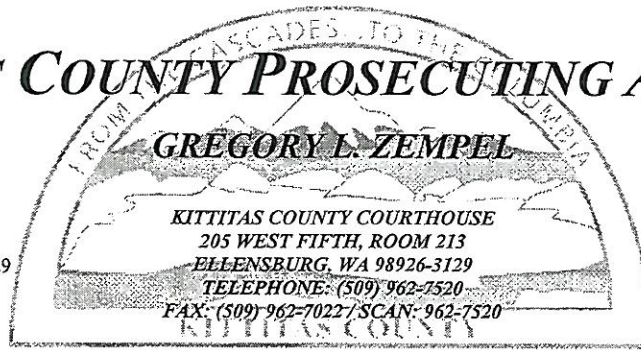
Sincerely,

Kirk Holmes
Director of Public Works

KH:cl

KITTITAS COUNTY PROSECUTING ATTORNEY

FAMILY SUPPORT DIVISION
205 WEST FIFTH, ROOM 213
ELLENSBURG, WA 98926-3129
TELEPHONE: (509) 962-7521
FAX: (509) 962-7022



CIVIL DIVISION
205 WEST FIFTH, ROOM 213
ELLENSBURG, WA 98926-3129
TELEPHONE: (509) 962-7671
FAX: (509) 962-7060

Friday, August 02, 2013

Kirk Holmes
Kittitas County Public Works
411 N. Ruby Street, Suite 1
Ellensburg WA 98926

RECEIVED
AUG 02 2013
KITTITAS COUNTY
PUBLICWORKS

Re: Claim of Susie and Cape Powers

Greetings:

We have received the documentation on the above listed claim as filed with the Auditor's office. If by chance, you did not receive this information, we have attached a copy for you. It appears that this claim relates to an incident involving your department. Please give us your input on the claim, what happened, and any records that you have relative to safety precautions.

If you have any questions, please give us a call.

Sincerely,

NEIL A. CAULKINS
Deputy Prosecuting Attorney

Enclosure as noted

CC: BOCC
WCRP

NAC/atb

PROSECUTOR 62
COMMISSIONERS JK
DEPARTMENT KIT
INSURANCE JP

07/30/2013 01:58:16 PM

201307300014

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

POWERS Page 1 of 4



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):

Susie and Cape Powers

2. Phone (Home): (509-306-0901) (Work): ()

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

Physical

2303 Wilson Crk., Ellensburg

Mailing

4. Date of Birth: 3/21/71

5. Date and Time of Incident:

7/30/13 at about 9:00am

6. Location of Incident:

Corner of Judge Ronald Road & Pfening

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

No Defect

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

I was stopped at a flagger on the North side of J. Ronald Road when the gravel spreader drove past and a bunch of rocks flew out and hit my windshield cracking the glass.

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

Susie Powers 509-301-0901

10. Was claim investigated by a police officer? NO

Sheriff _____ State Patrol _____ City Police _____

11. Description of claimant's vehicle: Ford Make 2001 Year
Model: focus License No. AFA 1400

12. Describe what you did after the accident occurred:

drove to the county auditors for a claim sheet.

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

Just ask for the procedure to make a claim.

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

Front windshield was cracked in the middle
by flying rocks.

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

\$330.09

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

They were the ones driving the vehicle & was
their project.

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

Susie Powers 509-306-0901

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

Pemco

Dated this 7/30 Day of July, 2013

Susie Powers

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 _____

PH:509-925-3777 FAX:509-925-5500

Federal Tax ID: 45-2549779

P/O#:	Cust State Tax ID:	Quote: Q000494 Date: 7/30/2013 Time: 01:42 PM
Taken By:	Cust Fed Tax ID:	
Installer:	Ship Via:	
SalesRep:	Adv. Code:	
Bill To: MISC		Sold To: MISC
SUSIE		SUSIE

509-306-0901

Vehicle Information

Make:	Ford	Model Style:	Focus 4 Door Sedan	Year:	2001	
Odometer:		VIN:		License:		
Qty	Part Number	Description	List	Disc%	Sell	Total
1	DW01345GBYNPPG	Windshield-(Solar Controlled)	\$219.55	20	\$175.64	\$175.64
1	100F	100 flat (Flat Rate) (2.9 Hours)	\$100.00	0	\$100.00	\$100.00
1	HAH000004	Adhesive-(2.0,Urethane,Dam,Primer)	\$30.00	0	\$30.00	\$30.00

Sub Total: \$305.64

Tax: \$24.45

Total: \$330.09