

PROSECUTOR GZ  
COMMISSIONERS JK  
DEPARTMENT MC  
INSURANCE JP

07/25/2017 04:44:40 PM

201707250047

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

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KCPRS



### KITTITAS COUNTY CLAIM FOR DAMAGES

Return to:

**County Auditor**

205 W 5<sup>th</sup> 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):

Andrea Eklund (Heath Eklund Spouse)

2. Phone (Home): (     —     ) <sup>Cell</sup> (Work): (253-347-9273)

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

331 Hazel Lane Ellensburg, WA 98926

Physical

Same

Mailing

4. Date of Birth: 6-10-77

5. Date and Time of Incident:

July 21<sup>st</sup> 9:35am

6. Location of Incident:

Vantage Hwy ~ 25 mile west of  
Nanewam Rd, heading East

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

Vantage has been recently chip sealed &  
gravel chipped front window

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

Driving East on Vantage Hwy and ≈ .25 miles  
west of Naneum a piece of gravel from the chip  
seal earlier in the week came out from the  
car in front of me (approx 6 car lengths ahead) and  
chipped my front drivers side car window. Note it was a  
chip, by the end of the day on 7/21 it spread to a crack.

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

myself only.

10. Was claim investigated by a police officer? NO

Sheriff \_\_\_\_\_ State Patrol \_\_\_\_\_ City Police \_\_\_\_\_

11. Description of claimant's vehicle: Subaru Make Impreza Year 2014

Model: Impreza License No. ARP 3457

12. Describe what you did after the accident occurred:

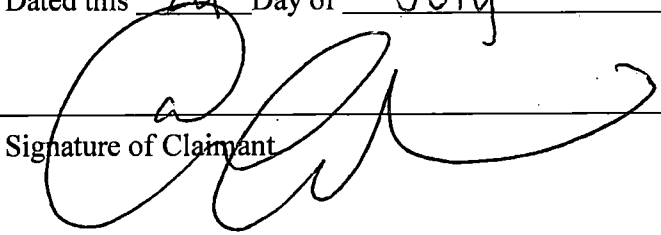
Drove home, assessed the window and called  
Public Works & spoke to Grayle who advised the form location

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

See question 12.

14. Describe the damages or injuries which you sustained as a result of the incident:  
ding in drivers side front window that  
spread to a crack
15. What is the amount of damages claimed? (Include estimates and bills, if available):  
\$1626.61 (see attached)
16. How did you identify the County as the party responsible for your damage?  
The county is doing the chip sealing
17. List the names and addresses of all witnesses to the incident:  
n/a
18. Are you covered by insurance? Yes If yes, who is your insurance agent/carrier?  
State farm

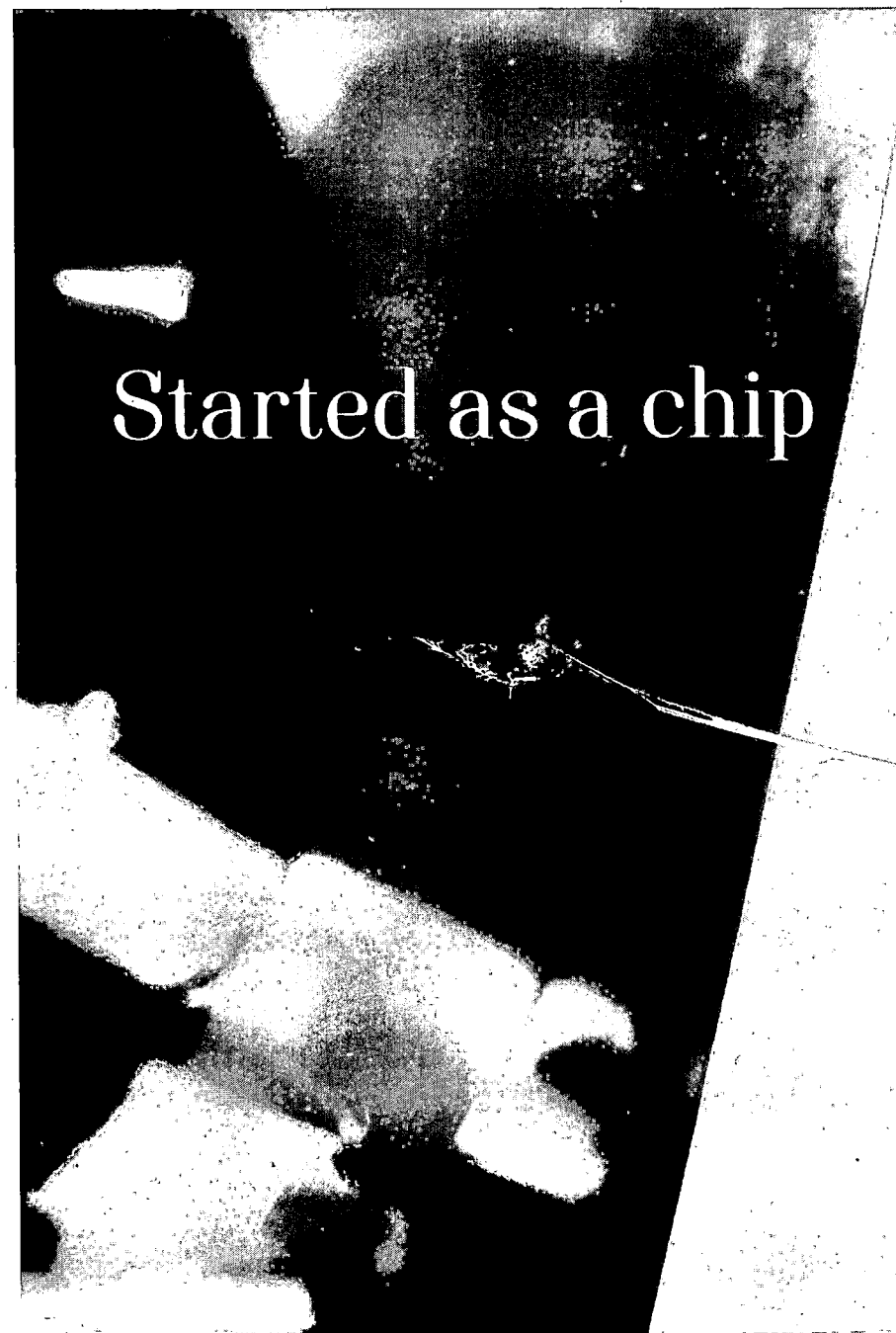
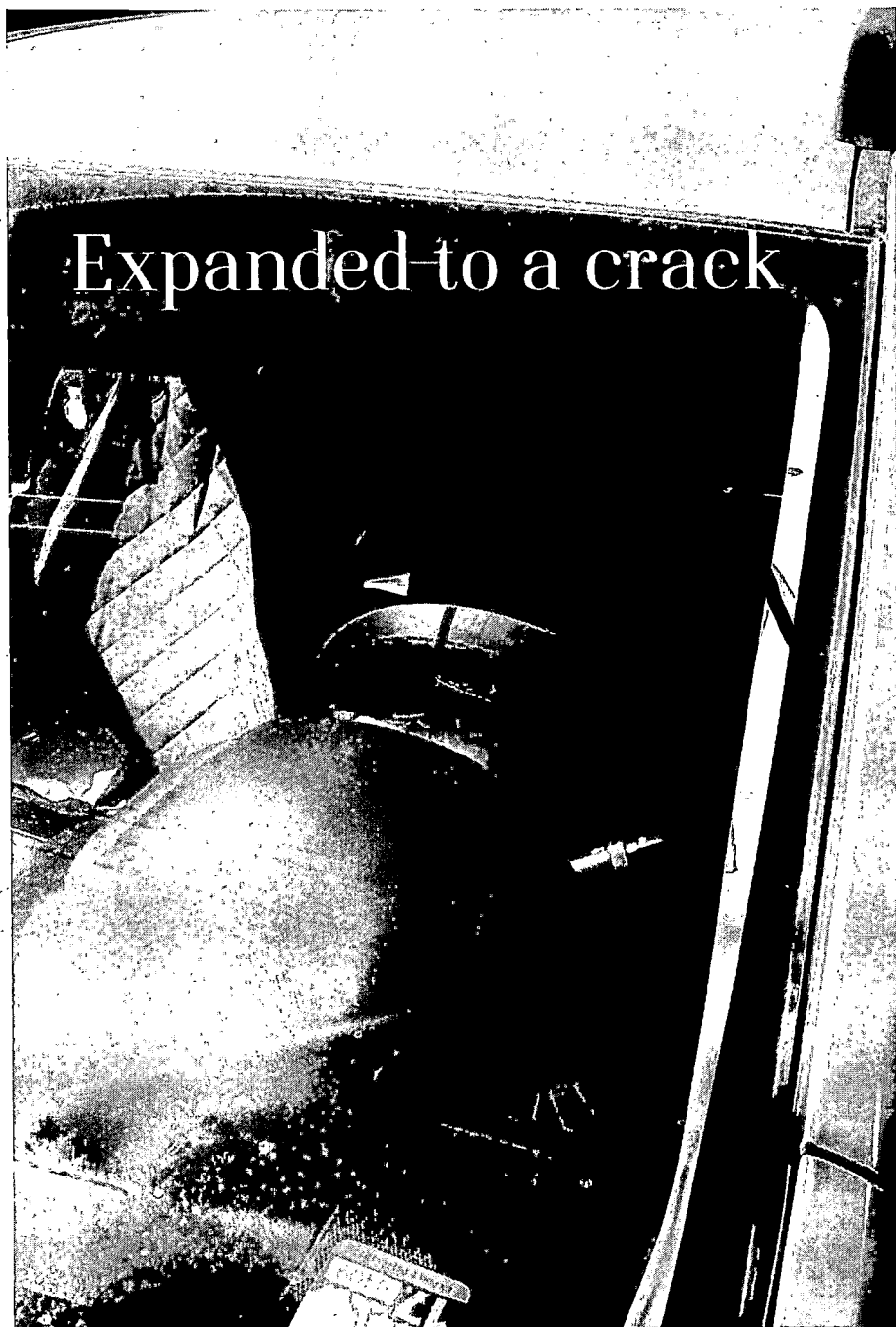
Dated this 24 Day of July, 2017.

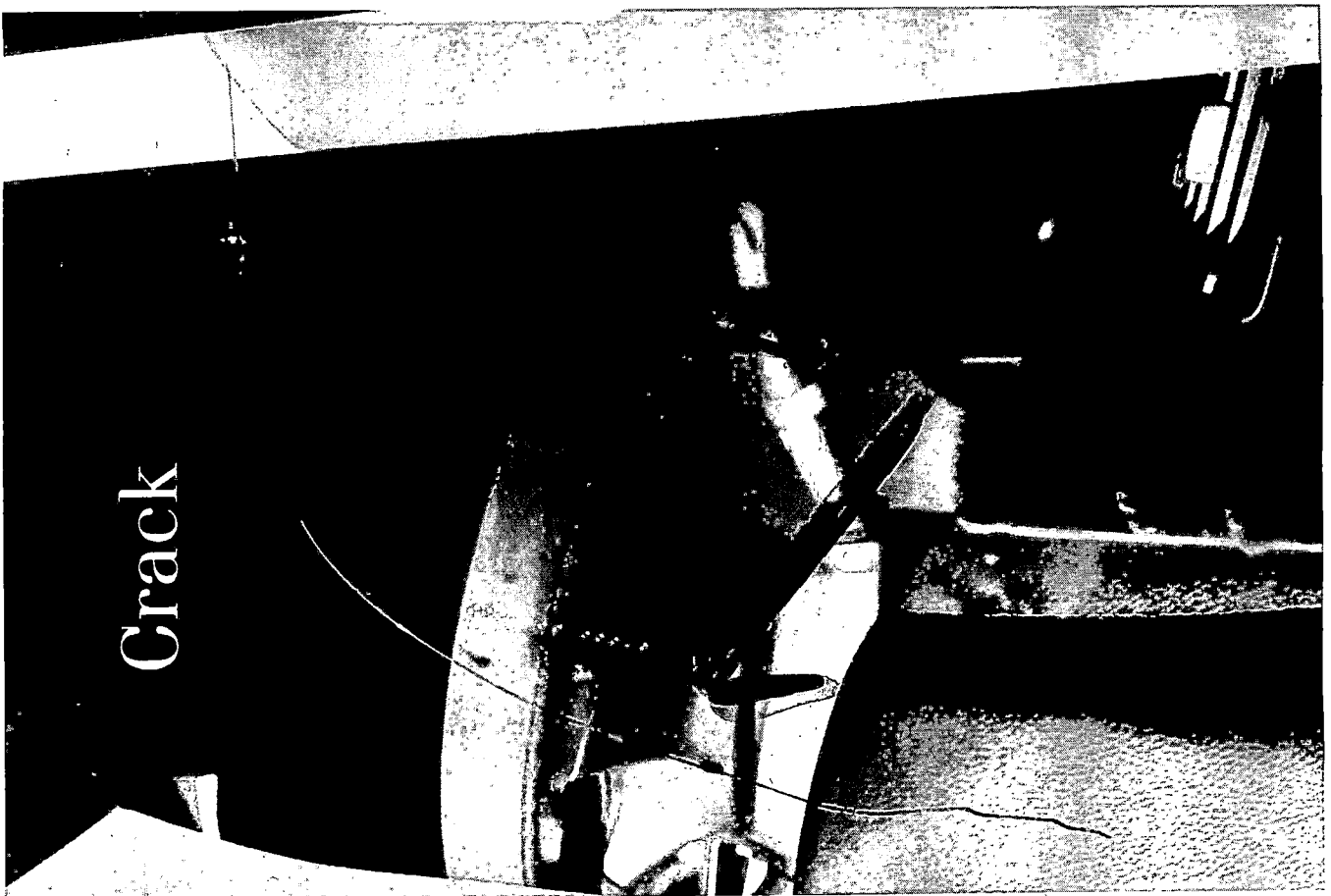
  
Signature of Claimant

Subscribed and sworn (affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal

\_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at \_\_\_\_\_





**JOHNSON'S GLASS & UPHOLSTERY, LLC**  
211 S. MAIN ST.  
ELLENSBURG, WA 98926

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

Federal Tax ID: 45-2549779

P/O#:	Cust State Tax ID:	<b>Quote: Q003391</b> <b>Date: 7/25/2017</b> <b>Time: 04:33 PM</b>
Taken By:	Cust Fed Tax ID:	
Installer:	Ship Via:	
SalesRep:	Adv. Code:	

**Bill To: MISC**

**Sold To: MISC**

ANDREA EKLUND  
ELLENSBURG, WA 98926

ANDREA EKLUND  
ELLENSBURG, WA 98926

253-347-9273

**Vehicle Information**

Make:	Subaru	Model Style:	Impreza 4 Door Hatchback	Year:	2014	
Odometer:		VIN:		License:		
Qty	Part Number	Description	List	Disc%	Sell	Total
1	FW03565GBNNPPG	Windshield-(Heated Wiper Park Area,W/Third Visor F	\$501.45	20	\$401.16	\$401.16
1	100F	100 flat (Flat Rate) (2.9 Hours)	\$100.00	0	\$100.00	\$100.00
1	HAH0000004	Adhesive-(2.0,Urethane,Dam,Primer)	\$30.00	0	\$30.00	\$30.00
1	WFS F3564	Moulding	\$47.96	0	\$47.96	\$47.96

Sub Total: \$579.12

Tax: \$47.49

Total: \$626.61