PROSECUTOR GZ
COMMISSIONERS JK
DEPARTMENT MC
INSURANCE JP

# 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):
Clayton and Dorothy Snyder

2. Phone (Home): (509-925-6906 Cell (~~Work~~): (435-680-6440

3. Address (include former address if at present address for less than 6 months):
17941 Manastash Rd, Ellensburg, WA 98926
Physical
Same
Mailing

4. Date of Birth: 5-20-40

5. Date and Time of Incident:
12-28-2016 2:00 pm

6. Location of Incident:
1.5 miles west of weigh station on I90 west of Cle Elum, WA.

7. Describe in detail the defect which caused ~~the injury.~~ damage

Debris fell off back of snowplow Truck when Truck went over rough spot in Road damaging windshield in vehicle

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

see above

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

Alec Magdlin, driver of Truck 190
Chuck Reed, supervisor 509-856-7077
Clayton and Dorothy Snyder, owner 2016 Ford F150

10. Was claim investigated by a police officer? No

Sheriff _____ State Patrol _____ City Police _____

11. Description of claimant's vehicle: F150 Ford Make 2016 Year

Model: _____ License No. C26696G

12. Describe what you did after the accident occurred:

Contacted driver Alec Magdlin and his Supervisor Chuck Reed 509-856-7077

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

Discussed damage with driver and supervisor and obtained To Fill claim

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

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

16. How did you identify the County as the party responsible for your damage?
Following snow plow on clear road and saw debris fall off truck

17. List the names and addresses of all witnesses to the incident:
Clayton & Dorothy Snyder

18. Are you covered by insurance? yes If yes, who is your insurance agent/carrier?
Travelers Ins. - Dodrill Ins. Inc.

Dated this 29 Day of Dec., 2016.

Clayton Snyder Dorothy C Snyder
Signature of Claimant

Subscribed and sworn (affirmed) to before me this 29th day of December, 2016.

Seal: JULIE A. KJORSVIK NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 2-19-18

Notary Public in and for the State of Washington
Residing at Ellensburg