

LETTER OF TRANSMITTAL
INCIDENT REPORT

- STATEMENT OF CLAIMAINT
 STATEMENT OF COUNTY EMPLOYEE
 STATEMENT OF WITNESS, IF ANY

- ACCIDNET REPORT
 AFFIDAVIT
 TWO ESTIMATES

NAME OF CLAIMAINT: ANTHONY OTIS

ADDRESS: 3004 POLK ST GULFPORT MS 39501
STREET CITY STATE ZIP

PHONE NO. 228-867-6291 CELL NO. _____

STATEMENT OF INVESTIGATING OFFICER: THE ABOVE CLAIMAINT,
ANTHONY OTIS, STATED HIS VEHICLE WAS PARKED IN
HIS YARD WHEN HE NOTICED COUNTY EMPLOYEES CUTTING
GRASS NEARBY. HE ALSO NOTICED WHEN SOMETHING HIT THE
WINDOW & ~~BROKE~~ ^{BROKE} BROKE THE GLASS.

UPON ARRIVING, I NOTICED INMATES WAS CUTTING THE GRASS
& ADMITTED BREAKING THE WINDOW.

PHOTO'S WAS TAKING AT APPROX 11:20 AM.

AFTER CAREFUL INVESTIGATION OF THE ABOVE INCIDENT, I RECOMMEND:

- CLAIM BE PAID CLAIM BE DENIED

INVESTIGATING OFFICER: Kent Tom DEPARTMENT: Safety

HARRISON COUNTY SAFETY AND
ENVIRONMENTAL DEPARTMENT

COMPLAINANT STATEMENT

NAME: Anthony Oatis
ADDRESS: 3004 Pd/K St
CITY: Gulfport STATE: MISS ZIP: 39504
WORK PHONE: _____ HOME PHONE: 228-867-6291
DATE OF INCIDENT: 8-15-12 TIME OF OCCURRENCE: _____

IN YOUR OWN WORDS, PLEASE DESCRIBE THE EVENTS OCCURRED ON THE ABOVE

DATE: I WAS AT home on the cell when i
look to see my window Bring
and the man said he burg my
window

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THE ABOVE STATEMENT IS TRUE:

Anthony Oatis
SIGNATURE

8-15-12
DATE



GULFPORT
863-0038
D'IBERVILLE
392-1277
ORANGE GROVE
831-1455

RESIDENTIAL
863-0039
COMMERCIAL
863-0039



REMIT PAYMENT TO:
1712 - 28TH STREET
GULFPORT, MS 39501-6198
CORP. PH: (228) 863-9120
CORP. FX: (228) 867-1747

Quote

Q015371

ACCOUNT NO.	CASH/G	AGENT NO.	PURCHASE ORDER NO.	DATE	9/4/2012
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10:49 AM

CUSTOMER STATE TAX OR EXEMPT NO.	CUSTOMER FEDERAL TAX I.D. NO.	ADV. CODE	SALESMAN I.D.	ORDER TAKEN BY	INSTALLED BY	FEDERAL TAX I.D. NO.
			RPH			84-0617920

BILL TO:
OTIS

SOLD TO:
OTIS

INSURANCE PROOF OF LOSS

INSURANCE CO. _____	POLICY NO. _____
INSURANCE CO. PHONE NO. _____	CLAIM NO. _____
POLICY NAME _____	CAUSE & LOSS LOCATION _____
AGENT NAME _____	VERIFIED BY _____
AGENT PHONE _____	DATE OF LOSS _____ DEDUCTIBLE _____

VEHICLE INFORMATION

MAKE	Nissan	MODEL	Maxima	YEAR	1989	DOORS	4
ODOMETER		LICENSE		VEHICLE I.D. NO.			

Qty	Part Number	Description	List	Sell	Total
1	FD03780BTNNCOM	Door-(Front,Right)	\$189.30	\$160.00	\$160.00

SERVING THE MS GULF COAST FOR OVER 38 YEARS !!!!!!!

RECEIVED BY

AUTHORIZATION TO PAY

I hereby authorize and empower the above-named insurance company to pay this invoice in full settlement, satisfaction and discharge of all loss under the above policy. Upon such payment, all rights I may have for claim and demand for loss and damage described above against the above named insurance company shall be thereby forever discharged. In the event that the above named insurance company does not make timely and/ or full payment of this invoice according to its terms, I hereby accept responsibility for such payment and agree to pay all charges reflected on this invoice to the above named glass company subject to and according to all terms and conditions on this invoice.

Sub Total : \$160.00
Tax : \$11.20

CUSTOMER'S SIGNATURE

TOTAL SALE

TERMS

2

\$171.20

TERMS: NET 30 DAYS SERVICE CHARGE OF 1 1/2% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.

~ESTIMATE~

GLASS SOLUTIONS

by Ronnie Jones

#1621 - 29TH AVE
Gulfport, MS 39501

Web: glassolutionsbyronniejones.com
Email: glassolutionsby@bellsouth.net

DATE 8-9-4-2012 (228) 868-1688 FAX (228) 865-4758

NAME: Anthony Otis PHONE: _____

ADDRESS: _____ CELL: _____

_____ FAX: _____

DIRECTIONS: _____

WORK NEEDED: 1989 Nissan Maxima

Passenger Door glass

FD3780BTY (Blue Tinted)

Clear not Avail

PRICE QUOTED: \$175 plus tax

Special order - prepay only