

106866

FILED FOR RECORD
SKAMANIA CO. WASH
BY JEFFREY L. DALLING

APR 17 2 13 PM '89

A. New, Rep.
APR 17 1989
GARY H. OLSON**FORM OF CLAIM FOR DAMAGES**

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I Jeffrey L. DALLING

hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 4 day of MARCH, 19 89.2. That the place of injury was Belle Center Road
(Abdules Cut)3. That the location and description of the defect which caused the injury are SKAMANIA COUNTY ROAD DEPT TRUCK (SNOW PLOW)
WAS BACKING UP HILL IN THE CENTER OF BELLECENTER
ROAD @ 0.7 MP FROM HIGHWAY 14 NO MEN WORK OR WARNING SIGNS4. That the injury is described as follows: TOTALLED ONE 1977 TOYOTA
SR5 PICKUP TRUCK & CANOPY5. That the amount of damages claimed is as follows: @ \$2200.00 for
TOYOTA & \$1000 for CANOPY6. That the actual residence of the claimant at the time of presenting and filing this claim is MPO.43 L STRUNK ROAD WASHOUGAL WA 986717. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was MPO 43 L STRUNK ROAD
WASHOUGAL WASHINGTON 98671

DATED: _____, 19____.

(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by Nos. 2-4 of this form may be attached on the back of this Claim for Damages.

Recd	S
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Filed	
Mailed	

Estimate Report

NAME Jeff Dalling DATE 4-12-89 BUS PHONE _____
 ADDRESS MD 43 L Street Ed Washington WA 98671 PHONE RES _____
 YEAR 77 MAKE Toyota MODEL 1-up SL5 ID. NO. RN 23059834
 PAINT CODE _____ PROD. DATE _____ TRIM _____ MILEAGE 33385 LICENSE NO. HJ 4306
 WRITTEN BY _____ INS CO _____ FILE NO. _____ CLAIM NO. _____ P.O. NO. _____
 ADJUSTER _____ LIC. NO. _____ PHONE _____ Deductible: _____ Settlement _____

		DESCRIPTION OF DAMAGE	PARTS	LABOR	PAINT	ALL OTHER
1		ESTIMATE OF REPAIR EXCEEDS			1075	
2		VALUE OF AUTO.				
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I hereby authorize the above work and acknowledge receipt of copy. TOTALS
 signed X _____

WESTLIE MOTORS, INC.
 314 N.E. BIRCH STREET
 TELEPHONE 834-2113
 PORTLAND 289-3212 • VANC. 694-9088
 CAMAS, WASHINGTON 98607



PARTS Prices subject to invoice	\$	_____
LABOR _____ hrs. @ \$	\$	_____
Shop Supplies	\$	_____
PAINT _____ hrs. @ \$	\$	_____
Paint Supplies	\$	_____
Towing/Storage	\$	_____
Sublet/Miscellaneous	\$	_____
SUB TOTAL	\$	_____
TAX	\$	_____
TOTAL ESTIMATE	\$	_____

LOWERY'S LAKESIDE AUTO BODY

2108 S.E. Everett Road
CAMAS, WASHINGTON 98607
Phone 834-9503

NAME Jeffrey L. DALLIN

DATE 4-11-89

ADDRESS MPA 431 STRUNK
WASHOUGA 101 98671
SR-5

PHONE 834-5613

DATE WANTED _____

YEAR-MODEL-COLOR	MAKE OF CAR	BODY TYPE	LICENSE NO	SERIAL NO	MFG PAINT NO	MILEAGE
1977	TOYOTA	P.U.				

REPAIR/REPLACE	SUBLET WORK	PARTS AND MATERIALS	LABOR	REFINISHING	
(COST OF REPAIRS WILL EXCEED VALUE OF VEHICLE) <i>Jack Lowery</i>					
TOWING					
SUB TOTALS					

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORN OR DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.

THIS WORK AUTHORIZED BY _____

ESTIMATE SHEET AND REPAIR ORDER

TOTAL
SALES TAX
GRAND TOTAL

1977 Toyota SR5

5 Speed

4 cyl.

Am Fm Cassette

1225.00 Low

2250.00 High

125.00 Sliding Rear Window

Separate → Canopy

\$50.00 Cassette player - Amfm

- CB Radio

- Trailer Hitch

175.00 1000cc Steering

in good shape - a little
above 9th Bed.

106866

FILED FOR RECORD
SKAMANIA CO. WASH
BY JERRY L. DALLING

APR 17 2 13 PM '89

GARY H. OLSON

FORM OF CLAIM FOR DAMAGES

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PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I Jeffrey L. DALLING

hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

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(Abdules Cut)3. That the location and description of the defect which caused the injury are SKAMANIA COUNTY ROAD DEPT TRUCK (SNOW PLOW)
WAS BACKING UP HILL IN THE CENTER OF BELLE CENTER
ROAD @ 0.7 MP FROM HIGHWAY 14 NO MEN WORK OR WARNING SIGNS4. That the injury is described as follows: TOTALED ONE 1977 TOYOTA
SR5 PICKUP TRUCK & CANOPY5. That the amount of damages claimed is as follows: \$2400.00 for
TOYOTA & \$1000 for CANOPY6. That the actual residence of the claimant at the time of presenting and filing this claim is 1770 43 L STRUNK ROAD WASHOUGHAL WA 986717. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was 1770 43 L STRUNK ROAD
WASHOUGHAL WASHINGTON 98671DATED: 4.17, 19 89

(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Re	\$
In	\$
Inc	\$
Filed	4-24-89
Mailed	

Estimate Report

NAME Jeff Dalling DATE 4-12-89 BUS PHONE _____
 ADDRESS MD 43 L Street La Brea ZIP 90671 PHONE RES _____
 YEAR 77 MAKE TOYOTA MODEL 1-up SR5 I.D. NO. RN 23059834
 PAINT CODE _____ PROD DATE _____ TRIM _____ MILEAGE 33385 LICENSE NO. HJ 4306
 WRITTEN BY _____ INS CO _____ FILE NO _____ CLAIM NO _____ P.O. NO _____
 ADJUSTER _____ LIC NO _____ PHONE _____ Deductible / Barrierment _____

		DESCRIPTION OF DAMAGE	PARTS	LABOR	PAINT	ALL OTHER
1		ESTIMATE OF REPAIR EXCEEDS				
2		VALUE OF AUTO.			10726	
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I hereby authorize the above work and acknowledge receipt of copy. **TOTALS**
 signed X _____

WESTLIE MOTORS, INC.
 314 N.E. BIRCH STREET
 TELEPHONE 834-2113
 PORTLAND 289-3212 • VANC. 694-9088
 CAMAS, WASHINGTON 98607



PARTS Prices subject to invoice \$ _____
 LABOR _____ hrs @ \$ _____ \$ _____
 Shop Supplies \$ _____
 PAINT _____ hrs @ \$ _____ \$ _____
 Paint Supplies \$ _____
 Towing/Storage \$ _____
 Sublet/Miscellaneous \$ _____
 SUB TOTAL \$ _____
 TAX \$ _____
 TOTAL ESTIMATE \$ _____

LOWERY'S LAKESIDE AUTO BODY

2108 S.E. Everett Road
CAMAS, WASHINGTON 98607
Phone 834-9503

NAME Jeffrey L. DALLIN

DATE 4-11-89

ADDRESS 1140 431 STRUNK
WASHOUGAL WA 98671

PHONE 835-5013

DATE WANTED _____

YEAR-MODEL-COLOR		MAKE OF CAR	BODY TYPE	LICENSE NO.	SERIAL NO.	MFG PAINT NO.	MILEAGE
1977		TOYOTA	P.U.				

REPAIR	REPLACE	SUBLET WORK	PARTS AND MATERIALS	LABOR	REFINISHING					
(COST OF REPAIRS WILL EXCEED VALUE OF VEHICLE) <i>Jack Lowery</i>										
TOWING										
SUB TOTALS										

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THIS WORK AUTHORIZED BY _____

ESTIMATE SHEET AND REPAIR ORDER

TOTAL
SALES TAX
GRAND TOTAL

1977 Toyota SR 5

5 Speed

4 cyl.

am fm cassette

1225.00 New

2250.00 High

1225.00 Sliding Rear Window

Separate Canopy

\$50.00 - cassette player am fm

- CB Radio

- Tractor Holes

4.00 - 1000 Steering

in good shape - a little

above 50.00