112022

FILED FOR RECORD
SKAMANIA CO. WASH
BY Jack L. Bentley
SEP 12 1 40 PM '91
E. Mumford
FOR
CARTER 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 Jack L. Bentley, Vice-president of Western New Mexico Telephone Co. 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 nineteenth day of August, 19 91.

2. That the place of injury was Stevenson, Skamania County, Washington

3. That the location and description of the defect which caused the injury are Our vehicle was struck by a Skamania County Sheriff's Department vehicle which was being driven by officer Robert G. Warrick.

4. That the injury is described as follows: Damage to the rear right fender and bumper of our vehicle.

5. That the amount of damages claimed is as follows: $1,224.51
(Repair estimates are on file with County of Skamania)

6. That the actual residence of the claimant at the time of presenting and filing this claim is Silver City, New Mexico

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was Same as above

DATED: September 9, 19 91.

Jack L. Bentley
(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.

Registered
Indexed, Dir
Indirect
Filmed
Mailed

Estimate #1

LECK'S AUTO PAINT & BODY SHOP, INC.

RIDGE ROAD, SILVER CITY, NEW MEXICO 88061 • PHONE 388-4925

Name [illegible] Address ______ Date 8/26 1988

City ______ Phone ______

Make Chrysler Year 1989 Serial No. ______ Body Style New Yorker Style No. Landau

REPAIR	REPLACE	ESTIMATE OF REPAIR COSTS	LABOR HOURS	PARTS	SUBLET
		Stk. Rear Bumper	1.8		210.00
	X	" " lower cover	—	108.00	
	X	" " upper filler	.4	65.00	
Y		Rear Body panel & remount	5.0		
		Absorbers			
X		R/L panel	6.0		
	X	" " ext	.2	54.00	
	X	" " mldg. 24.00 lower 54.00	.4	78.50	
	Y	" " S/rr fill	—	12.50	
	Y	" " ext	.3	7.00	
		Check wiring	1.0		
		Refinish 2 stage - clear coat	6.0		72.00
		TOTAL	21.6		

1187.30

REMARKS ______

______ HRS OF LABOR AT $ ______ PER HOUR $518.40

PARTS $325.—

PAINT MATERIALS $72.00

SUBLET $210.00

SUB-TOTAL $1125.40

SALES TAX $61.90

EST. TOTAL $

ADV. CHARGES $

GRAND TOTAL $1187.30

$ ______ Insurance deductible

By: [signature]

ALL PARTS PRICES SUBJECT TO INVOICE

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 ______

Bighley Body Shop

Body and Paint Work, Frame Alignments
Hiway 180 East – P.O. Box 2858,
Silver City, New Mexico 88062
Phone 388-4714

Estimate #2

SHEET NO. _____ OF _____ SHEETS

ESTIMATE AND REPAIR ORDER

1818

Car Owner Western New Mexico Telephone Co., Inc. Business Phone 505 388-2355

Address PO Box 30 Silver City, NM 88062 Home Phone _____

Insurance Co. _____ Phone _____

I.D. 1C38CC6394D620155 Adjuster _____

Date 8/22/71

Est. No. _____

Repair Order No. _____

Retain Parts ☐ Destroy Parts ☐

Customer Initial _____

YEAR	MAKE	MODEL	LICENSE NO.	SPEEDOMETER
71	Chev	Pickup	[illegible]	

	X	Rear Bumper	1.8	225	00					
	X	" " Fuller	1.0	65	00					
	X	" " " Rt End	1.1	7	00					
	X	RT Qtr Extension	.3	12	00					
	X	" " weld panel sidewall	.2	5	00					
	X	" " Above " "	.2	21	50					
	X	" " w/o wdg	.3	6	50					
	X	" Qtr Ext panel	.7	5	00					
X		Rear Corn Horn + Body panel	2.0							
X		Bumper shock	1.5							
X		Rt Qtr Panel	2.0							
		paint BC/CC	1.5						22	00
		Check wiring for Rt side marker lights								

The above estimate is based on our inspection and does not cover additional parts or labor which may be required after the work has started. Worn or damaged parts, not evident on first inspection, may be discovered and you will be contacted for authorization for additional work. Parts prices subject to change without notice. This estimate is good for _____ days.

Insurance Deductible _____ Estimator _____

ACKNOWLEDGEMENT: I have read and understand the above estimate and authorize repair service be performed, including sublet work and acknowledge receipt of this estimate. An express mechanic's lien is hereby acknowledged on above car, truck, or vehicle to secure the amount of repairs thereto.

THIS WORK AUTHORIZED BY _____ DATE _____

WORK ACCEPTED BY: _____ DATE _____

_____ HRS. OF LABOR @ $ _____ PER HR. $ 6.00

ESTIMATE AMOUNT $ _____

Revised Estimate $ _____

Customer's O.K. By _____

Time	Date Called	By Whom

Deposit $ _____

Chgs. if not Repaired $ _____

PARTS	512 00
PAINT MATERIALS	72 20
BODY MATERIALS	
SUBLET	
TAX	21 76
ADVANCE CHARGES	
TOTAL	1282 96

* CODE N-NEW U-USED R-REBUILT

DAN'S AUTO BODY

9646

P. O. BOX 251
STEVENSON, WASHINGTON 98648
PHONE (509) 427-5248

NAME Western New Mexico Telephone DATE 8-19-91
ADDRESS P.O. Box 3079 Silver City New Mexico 88062 PHONE W.R.

YEAR MAKE	MODEL	LICENSE	TERMS
89	Chrysler		
MOTOR	SERIAL	ODOMETER	REPAIR LIMIT

QUAN.	PART NO.	DESCRIPTION		AMOUNT
		Paid		
		TOTAL PARTS		

OPER.	INSTRUCTIONS	AMOUNT
	LUBRICATE ☐ WASH ☑ POLISH ☐ ADJUST BRAKES ☐	
	Install Bumper temporaly	28.00

☑ CHANGE OIL	☐ FLUSH TRANS	☐ FLUSH DIFF.		
	GALLONS GAS			
	QUARTS OIL			
	LBS. GREASE			
	TRANSMISSION			
	GAS, OIL, ETC. TOTAL			

	LABOR	
	PARTS	
	GAS O L GREASE	
	ACCESSORIES	
	OUTSIDE WORK	
	TAX	1.96
	TOTAL	29.96

RECEIVED	PROMISED	DELIVERED

WE PROPOSE TO MAKE THE ABOVE REPAIRS UNDER THE TERMS AND CONDITIONS HEREINAFTER SPECIFIED. PRICES QUOTED ARE FOR LABOR ONLY. PARTS AND MATERIALS ARE ADDITIONAL. WE ARE NOT RESPONSIBLE FOR ANY LOSS BY FIRE, THEFT, ACCIDENTS, OR ANY CAUSE BEYOND OUR CONTROL. ALL NECESSARY TESTS WILL BE MADE BY OUR EMPLOYEES AT YOUR RISK. YOUR SIGNATURE HEREUNDER CONSTITUTES ACCEPTANCE OF THIS PROPOSAL.

SIGNED _____

RECEIVED BY _____

NAME CASH

DATE 8 20 91

ADDRESS

MDSE. SOLD CASH	MDSE. SOLD CHARGE	MDSE. RETURNED CASH	MDSE. RETURNED CREDIT	SALESMAN	ORDER NO.	CODE

QTY.	PART NO.	DESCRIPTION	UNIT LIST	UNIT NET	TOTAL NET
1	3057	BULB			3 25
1	1156	BULB			75
1	154525	BULB			3 25

Please Call

Bulbs burned out because of Accident

NO REFUNDS AFTER 30 DAYS. ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL.

CARNER'S CHRYSLER NISSAN
3501 Westgate
PENDLETON, ORE. 97801
503-276-7341

TICKET NO. 3692 CUSTOMER NO. KEY 1 TOTAL 9 25

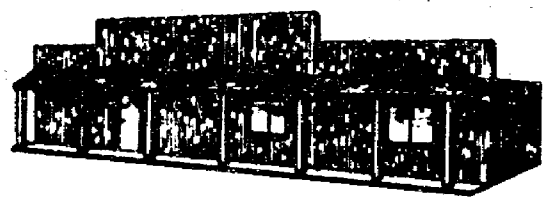
ACCOUNT	C	KEY	ACCT. NO	AMOUNT	KEY
PARTS & ACCESS INTERNAL	N	C	46500		-
PARTS & ACCESS INTERNAL	C	C	46501		-
		C			-
		C			-
		C			-
					+
					+
POLICY ADJ - PARTS & SERVICE			49990		+

ACCOUNT	C	KEY	ACCT. NO	AMOUNT	KEY
PARTS & ACCESS RETAIL	N	C	46600		-
PARTS & ACCESS RETAIL	C	C	46700		-
PARTS & ACCESS WHOLESALE	N	C	46800		-
PARTS & ACCESS WHOLESALE	C	C	46801		-
SUBLET		C	45600		-
FREIGHT		C	3404		-
					-
					-
					+
SOURCE 32 (0)	CHARGE SALES		220		+
SOURCE 35 (0)	CASH SALES		225		+

RECD BY

Western New Mexico Telephone Company, Inc.

Box 3079
Silver City, NM 88062
505-388-2546



August 26, 1991

To: Skamania County E & R
P. O. Box 790
Stevenson, Wa. 98648

From: Accounting Department

Re: Auto accident of 8/19/91

Mr. Jack Bentley, Executive Vice-President of our company, was in an accident in Stevenson involving one of your officers, Mr. Robert G. Warrick. Mr. Bentley filed a Motor Vehicle Accident Report with the proper offices in Washington at that time. We are now enclosing a copy of that report together with the report which we have filed with our insurance carrier. Also enclosed are the following items:

Bill from Carner's Chrysler Nisson for bulbs $7.25

Bill from Dan's Auto Body for temporary bumper repair $29.96

2 estimates for the repair of our vehicle

Please remit your check for the amount on Estimate #1, and for the amount of the bills.

Thank you.

D Mitzi Rodens

I have made arrangements with Jack's Auto Paint & Body Shop, Inc. to have the repair work done as soon as it receives the parts.

I will look forward to receiving a check from you in the amount of $1,221.51 made out to Western New Mexico Telephone Company, Inc.

Thank you,
Jack L. Bentley
Executive Vice President

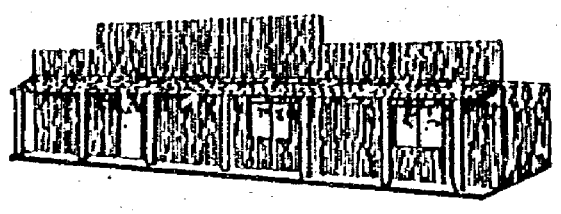
WESTERN NEW MEXICO TELEPHONE COMPANY

(505) 388-2546
(505) 388-2540 FAX

JACK L. BENTLEY
EXECUTIVE-VICE-PRESIDENT

P. O. Box 3079 Silver City, NM 88062

WESTERN NEW MEXICO TELEPHONE COMPANY, INC.
Box 3079
SILVER CITY, NM 88062
505-388-2546



Date: 09/ 09/ 91

MEMO TO: Skamania County Auditor
P. O. Box 790
Stevenson, Washington 98648

SUBJECT: Re: Debi Van Camp's letter of 9/4/91

As requested, we are returning your claim form, which Mr. Bentley has completed and signed. Also enclosed are the accident reports which we failed to send with our letter of August 26. Please let us know if there is anything else you will need.

Thank you,

SIGNED: D Ritzer Bentley

SET TAB STOPS AT ARROWS

ACORD ■ Auto ■ Other Liability Accident Notice

(Inc. Section II Package Policies)

PRODUCER

1 PRODUCER, ADDRESS & PHONE: Wm Sands

PRODUCER CODE:

CLAIM NO.:

COMPANY:

PREVIOUSLY REPORTED: [X] YES by phone [ ] NO

3 FULL POLICY NUMBER: 2RU0170895

POLICY DATES: 6/16/91-92

MISCELLANEOUS INFORMATION (Site & location codes etc.):

INSURED

4 FULL NAME(S) AS APPEARS ON POLICY: Western New Mexico Telephone Company

SPECIAL ID OR SOCIAL SECURITY NO:

5 ADDRESS: P. O. Box 3079, Silver City, NM ZIP: 88062

RESIDENCE PHONE:

BUSINESS PHONE: (505) 388-2546

6 WHERE CAN INSURED BE CONTACTED: At Silver City Office WHEN: 8-5

PRIOR ACCIDENTS OR LOSSES? (MASS ONLY) [ ] NO [ ] YES (DESCRIBE ON LINE 25)

ACCIDENT

7 DATE & TIME OF ACCIDENT OR LOSS: 8/19/91 3:05 PM

LOCATION OF ACCIDENT: Stevenson, Skamania County, Washington

POLICE DEPT TO WHOM REPORTED: Sheriff's Dept

8 DESCRIPTION OF ACCIDENT OR LOSS (Use reverse if necessary): Our vehicle was struck by the vehicle being driven by Robert G Warrick of the Skamania Sheriff's Dept.

CAT.: /

POLICY

9 BODILY INJURY | PROPERTY DAMAGE | SINGLE LIMIT | MEDICAL EXPENSES | COMP DED | COLLISION DED | OTHER DED

10 LOSS PAYEE | OTHER COVERAGES

INSURED VEHICLE

11 VEH NO. | YEAR MAKE MODEL: 1989 Chrysler New Yorker

VIN: 1C3BC6639KD620155

PLATE NO.: KSC790

OTHER INSURANCE: [ ] YES [ ] NO

12 NAME OF OWNER: SAME

ADDRESS: SAME

PHONE:

13 NAME OF DRIVER: SAME Jack Bentley

AGE:

ADDRESS: SAME

PHONE:

14 RELATION TO INSURED (Employee, Family etc.): Employee

DATE OF BIRTH: 8/30/30

DRIVERS LICENSE NUMBER:

PURPOSE OF USE:

USED WITH PERMISSION: [ ] YES [ ] NO

15 DESCRIBE DAMAGE: Rear Fender & Bumper

REPAIR ESTIMATE:

WHERE CAN CAR BE SEEN: At Silver City office parking area

WHEN:

PROPERTY DAMAGE

16 OWNER | ADDRESS | PHONE

17 OTHER DRIVER (Check if same as owner) SAME | ADDRESS | PHONE

18 DESCRIBE PROPERTY (If auto, Make Year Plate No.) | OTHER CAR OR PROPERTY INSURED [ ] YES [ ] NO | COMPANY OR AGENCY NAME & POLICY NO.

19 DESCRIBE DAMAGE | REPAIR ESTIMATE | WHERE CAN CAR BE SEEN

INJURED

20 NAME	ADDRESS	PHONE	EXTENT OF INJURY	AGE	INSURED VEHICLE	OTHER VEHICLE	PED
none							

CLAIMANT

21 OCCUPATION | EMPLOYED BY | RELATION TO INSURED (Employee, Family etc.)

22 PROBABLE DISABILITY WEEKS | RETURNED TO WORK [ ] YES [ ] NO | WHY ON PREMISES

WITNESSES

23 NAME	ADDRESS	PHONE	INSURED VEHICLE	OTHER VEHICLE	OTHER
24					

25 REMARKS: Mr. Bentley has filed the report[illegible]opies required by the State of Washington. This accident has been reported to Skam[illegible]a County's insurance carrier.

DATE: 8/26/91

REPORTED BY: Mitzi Roberts

REPORTED TO: Bill Sands

SIGNATURE (Producer, Insured or Driver):

ACORD 2 (4/80) AGENCY-COMPANY OPERATIONS RESEARCH AND [illegible]OPMENT

NOTE: IMPORTANT CALIFOR[illegible]ND FLORIDA INFORMATION ON REVERSE SIDE

STATE OF WASHINGTON
MOTOR VEHICLE COLLISION REPORT

OFFICIAL USE ONLY

DATE OF COLLISION	DAY OF COLLISION	TIME OF COLLISION	COUNTY
9/19/91	MON	2:00 PM	Skagit

CITY OR TOWN — ON SR 11

BETWEEN STREET AND STREET

SHOW NEAREST INTERSECTING STREET, HIGHWAY, HOUSE NUMBER, BRIDGE, RAILROAD CROSSING, MILEPOST OR IDENTIFYING LANDMARK

COLLISION INVOLVED TOTAL NO. OF VEHICLES 2

VEHICLE NO. 1 (YOUR CAR)	IF MORE THAN TWO CARS WERE INVOLVED IN THIS COLLISION OR MORE THAN TWO PERSONS WERE INJURED USE A SEPARATE COLLISION REPORT FORM	VEHICLE NO. 2 (OTHER CAR)
DRIVER'S LAST NAME / FIRST NAME / MIDDLE		DRIVER'S LAST NAME / FIRST NAME / MIDDLE
STREET ADDRESS / ROUTE NO. AND BOX NO.		STREET ADDRESS / ROUTE NO. AND BOX NO.
CITY / STATE / ZIP CODE / DRIVER'S OCCUPATION		CITY / STATE / ZIP CODE / DRIVER'S OCCUPATION
DRIVER'S LICENSE NO. / STATE / SEX / DATE OF BIRTH / AGE		DRIVER'S LICENSE NO. / STATE / SEX / DATE OF BIRTH / AGE
VEHICLE YR. / MAKE (CHEV, DODGE) / MODEL (NOVA, DART) / BODY STYLE (2 DR.)		VEHICLE YR. / MAKE (CHEV, DODGE) / MODEL (NOVA, DART) / BODY STYLE (2 DR.)
LICENSE PLATE NO. / STATE / TRAILER PLATE NO. / STATE		LICENSE PLATE NO. / STATE / TRAILER PLATE NO. / STATE
VEHICLE IDENTIFICATION NO.		VEHICLE IDENTIFICATION NO.
REGISTERED OWNER / DRIVER'S LICENSE NO.		REGISTERED OWNER / DRIVER'S LICENSE NO.
OWNER'S ADDRESS / DATE OF BIRTH		OWNER'S ADDRESS / DATE OF BIRTH
PARTS OF VEHICLE DAMAGED / EST. COST		PARTS OF VEHICLE DAMAGED / EST. COST

LIABILITY INSURANCE INFORMATION-VEHICLE NO. 1 — WAS THERE AUTOMOBILE LIABILITY INSURANCE COVERAGE IN EFFECT FOR THIS ACCIDENT ON YOUR CAR? ☑ YES ☐ NO

NAME AND ADDRESS OF LIABILITY INSURANCE POLICY HOLDER — NAME OF LIABILITY INSURANCE COMPANY

NAME AND ADDRESS OF LIABILITY INSURANCE AGENT — LIABILITY POLICY NUMBER

INJURIES		
NAME / AGE	TOTAL INJURED 0	2ND INJURY NAME / AGE (USE SEPARATE REPORT FOR ADDITIONAL INJURIES)
ADDRESS		ADDRESS
NATURE AND EXTENT OF INJURIES / M F		NATURE AND EXTENT OF INJURIES / M F
DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? / DOCTOR'S NAME		DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? / DOCTOR'S NAME

STATUS OF INJURED: DRIVER, PASSENGER, PEDESTRIAN, OTHER — KILLED 4 ☐ 5 ☐ 6 ☐ 7 ☐

MOTORCYCLE SAFETY: ☐ HELMET USED ☐ HELMET NOT USED

MOTORCYCLE SAFETY: ☐ HELMET USED ☐ HELMET NOT USED

SHOW NORTH BY ARROW IN CIRCLE

TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE. WRITING IN STREET OR HIGHWAY NAMES OR NUMBERS. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW.

STREET OR HIGHWAY

DESCRIBE BELOW WHAT HAPPENED (REFER TO VEHICLES BY NUMBER)

... The Sheriff's vehicle was parked along side the road and just as I was passing him, he started to turn into the lane I was traveling in. I was unable to avoid him and our cars collided. His front bumper hit my rear bumper ...

RECORDER'S NOTE: THIS DOCUMENT ILLEGIBLE AT TIME OF RECORDING.

VEHICLE POSITIONS BEFORE COLLISION

VEHICLE	N	S	E	W	ON STREET OR HIGHWAY NAME OR NO	ONE DIRECTION	LEGALLY STANDING YES	NO	LEGALLY PARKED YES	NO	VEHICLE OCCUPIED YES	NO	STATE PATROL	OTHER POLICE	CITY POLICE	SHERIFF	DRIVER'S STATEMENT	INVESTIGATION
NO 1																		
NO 2 OTHER																		

PEDESTRIAN/PEDAL CYCLIST WAS USING: (1) ☐ SIDEWALK (2) ☐ ALLEY (3) ☐ SHOULDER (4) ☐ MARKED CROSSWALK (5) ☐ UNMARKED CROSSWALK (6) ☐ OTHER (7) ☐ DESIGNATED BIKE ROUTE (8) ☐ ROADWAY

PEDESTRIAN/PEDAL CYCLIST CLOTHING COLOR: (1) ☐ DARK (2) ☐ LIGHT (3) ☐ LIT (4) ☐ RETRO REFLECTIVE (5) ☐ OTHER REFLECTIVE APPAREL (SHOES PATCHES ETC.)

ROAD SURFACE (CHECK ONE)

VEHICLE	NO	1	2	3	4	5	6
NO 1		☒	☐	☐	☐	☐	☐
NO 2		☐	☐	☐	☐	☐	☐

1 DRY · 2 WET · 3 SNOW · 4 ICE · 5 OTHER (SPECIFY) · 6

WEATHER

1 ☒ CLEAR / CLOUDY OR OVERCAST · 2 ☐ RAIN · 3 ☐ SNOWING · 4 ☐ FOG · 5 ☐ OTHER (SPECIFY) · 6

LIGHT CONDITION

1 ☒ DAYLIGHT · 2 ☐ DAWN · 3 ☐ DUSK · 4 ☐ DARK-STREET LIGHTS ON · 5 ☐ DARK-STREET LIGHTS OFF · 6 ☐ DARK-NO STREET LIGHTS · 7 ☐ OTHER (SPECIFY) · 8

TRAFFIC CONTROL (CHECK ONE)

VEHICLE	NO	NO
NO 1	☐ 1	☐ SIGNALS
NO 2	☐ 2	☐ STOP SIGN
NO 3	☐ 3	☐ YIELD SIGN
NO 4	☐ 4	☐ FLASHING RED
NO 5	☐ 5	☐ FLASHING AMBER
NO 6	☐ 6	☐ RR SIGNAL
NO 7	☐ 7	☐ OFFICER/FLAGMAN
NO 8	☐ 8	☐ OTHER (SPECIFY)
NO 9	☐ 9	☐ NO TRAFFIC CONTROL

TYPE OF ROAD (CHECK ONE OR MORE)

VEHICLE	NO	NO
NO 1	☐	☐ ONE-WAY
NO 2	☒	☒ TWO-WAY
NO 3	☐	☐ REVERSIBLE ROAD
NO 4	☐	☐ INTERCHANGE (LOOP, RAMP)
NO 5	☐	☐ ALLEY
NO 6	☐	☐ TWO-WAY LEFT TURN LANES
NO 7	☐	☐ DRIVEWAY

ROAD SEPARATION

☐ 2 DIVIDED · ☒ 3 UNDIVIDED

DRIVER/VEHICLE ACTIONS (CHECK ONE OR MORE)

VEHICLE	NO	NO
NO 1	☒	☐ GO NO STRAIGHT AHEAD
NO 2	☐	☐ OVERTAKING AND PASSING
NO 3	☐	☐ MAKING RIGHT TURN
NO 4	☐	☒ MAKING LEFT TURN
NO 5	☐	☐ MAKING U-TURN
NO 6	☐	☐ SLOWING
NO 7	☐	☐ STOPPED FOR TRAFFIC
NO 8	☐	☐ STOPPED AT SIGNAL OR STOP SIGN
NO 9	☐	☐ STOPPED IN ROADWAY
NO 10	☐	☐ STARTING IN TRAFFIC LANE
NO 11	☐	☐ STARTING FROM PARKED POSITION
NO 12	☐	☐ MERGING (ENTERING TRAFFIC)
NO 13	☐	☐ BACKING
NO 14	☐	☐ GOING WRONG WAY
NO 15	☐	☐ OTHER (SPECIFY)

ROADWAY CHARACTER

☒ STRAIGHT · ☐ CURVE GRADE · ☐ STRAIGHT AT HILLCREST · ☐ CURVE AT HILLCREST · ☐ STRAIGHT LEVEL · ☐ CURVE LEVEL

ROADWAY SURFACE

NO	NO	NO
NO 1	☐	☐ CONCRETE
NO 2	☒	☐ BLACKTOP
NO 3	☐	☐ BRICK OR WOOD BLOCK
NO 4	☐	☐ GRAVEL
NO 5	☐	☐ DIRT
NO 6	☐	☐ UNKNOWN

ACTION OR NOT SEEING DANGER

DID COLLISION OCCUR IN A CONSTRUCTION OR ROAD MAINTENANCE AREA? ☐ YES ☐ NO

	NAME	ADDRESS	SPEED	DAMAGE
1	[redacted]	[redacted]	[redacted]	[redacted]
2				

☐ CHECK (✓) IF YOU WERE DRIVING A COMMERCIAL VEHICLE AS AN EMPLOYEE OF ANOTHER (DOT DEFINITION OF A COMMERCIAL VEHICLE IS ANY VEHICLE THE PRINCIPAL USE OF WHICH IS THE TRANSPORTATION OF COMMODITIES, MERCHANDISE, PRODUCE, FREIGHT, ANIMALS OR PASSENGERS FOR HIRE)

SIGNATURE OF PERSON COMPLETING REPORT [redacted] ADDRESS [redacted] DATE OF REPORT: MO 7 DAY 18 YEAR 91

DISTRIBUTION: SHEET NO. 1 WASHINGTON STATE PATROL, 4242 MARTIN WAY, OLYMPIA, WA 98504 · SHEET NO. 3 TO LOCAL LAW ENFORCEMENT AGENCY WHERE THE ACCIDENT OCCURRED
2 COPIES (W) SHEET NO. 2 TO DEPT. OF LICENSING, DIVISION OF FINANCIAL RESPONSIBILITY, OLYMPIA, WASHINGTON 98504 · SHEET NO. 4 YOUR COPY

SUBSCRIBED AND SWORN TO BEFORE ME THIS [redacted] DAY OF [redacted] 19 [redacted]

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON, RESIDING AT [redacted]

MY COMMISSION EXPIRES [redacted]

WSP-AR-161 (8/85)

RECORDER'S NOTE: THIS DOCUMENT ILLEGIBLE AT TIME OF RECORDING.

STEVENSON, WASHINGTON, 9-12-91

TO COUNTY AUDITOR DR.

Skamania County, Washington

FILING / RECORDING 112022 AMOUNT 7.00

Conditional Sale .....

Chattel Mortgage .....

Contracts .....

Deed .....

Mortgage .....

Satisfactions .....

Lis Pendens .....

Affidavits .....

Claim for Damages

.....

Skamania County

To

Jack L. Bentley

Please Remit Balance Due $.....

Return Herein Enclosed .....

Note—Return this bill (with your remittance) to be receipted

Received Payment Jerry M. Black
COUNTY AUDITOR

STAMPS NOT TAKEN IN PAYMENT OF FEES

By Ea. Mayfield
DEPUTY

(ALL FEES ARE REQUIRED BY LAW TO BE PAID IN ADVANCE.
SEE SECTION 8794 REMINGTON & BALLINGER'S CODE OF WASHINGTON)

[illegible] & MURRAY, SEATTLE. 27640