

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Skamania Co.*

JUL 23 4 36 PM '93

G. Lowry
AUDITOR
GARY H. OLSON

116817

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| Indirect | <i>5</i> |
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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 Bob Woster 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 third day of May, 19 93.

2. That the place of injury was at the construction sight of the new bridge on Cedar Creek Road.

3. That the location and description of the defect which caused the injury are Disabled crane in the east-bound lane of Cedar Creek Rd. directly opposite temporary approach from temporary bridge. Not allowed to exit from west end of temporary bridge - No Flag-man. Was asked to back across bridge and onto Cedar Creek bridge under hazardous conditions.

4. That the injury is described as follows: Damaged Step-Tail-Back-up light assembly and some left rear quarter-panel damage.

5. That the amount of damages claimed is as follows: \$537.14 plus \$4.50 for registered letter to One Way Construction

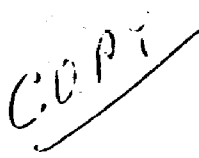
6. That the actual residence of the claimant at the time of presenting and filing this claim is M.P. 0.50 Cedar Creek Road, Carson, WA, 98610

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.

DATED: July 21, 19 93.

Bob Woster
(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.



PHONE: (509) 427-5248

NAME Bob - Webster
ADDRESS M.P. 0.50 Cedar Cr. Rd.
Carson W.
PHONE 424-8575 DATE WANTED 98210

DATE 5-7-93

INVOICE NO. _____

REGISTRATION NO. _____

HOURLY RATE _____

TOWING

SUBJECT TO INVOICE PRICE CHANGES **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, WORK ON 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.

| | |
|-------------|--------|
| TOTAL | 647.00 |
| SALES TAX | 45.25 |
| GRAND TOTAL | 692.25 |

ESTIMATE SHEET AND REPAIR ORDER

A-7030



ESTIMATE OF REPAIRS
SCENIC AUTO BODY INC.

M.P. 0.96 R Wind River Rd.
P.O. Box 1020 — Carson, WA 98610
PHONE: DAYS (509) 427-8737

OWNERS:
Paul R. Penner
(509) 427-8071

Greg H. Wyninger
(509) 427-8049

Date 5/4 1992

Name WOSTEN Address 111 R. 05 Carson City Carson Phone 123-4567
Make MMC Year 88 Serial No. _____ Body Style LT Style No. _____
Mileage 414 License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

| RE PAIR | RE PLACE | ESTIMATE OF REPAIR COSTS | LABOR HRS. | PARTS | SUBLET |
|---------|----------|--------------------------|------------|-------|--------|
| V | | LEFT TY WHEEL | 2.0 | | |
| V | | TAILGATE | 1.0 | | |
| V | | LEFT THILLER ASSY | | 52.00 | |
| | | PAINT 1/11/12/13/14/15 | 4.0 | | 60.00 |
| | | | 13.0 | | |
| TOTAL | | | | | |

REMARKS _____

\$ _____ insurance deductible

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.

By: _____ THIS WORK AUTHORIZED BY _____

13.0 HRS. OF LABOR AT \$ 30.⁰⁰ PER HR \$ 390 00

PARTS \$ 52 00

PAINT MATERIALS \$ 60 00

SUB TOTAL \$ 502 00

SALES TAX \$ 35 14

ESTIMATE TOTAL \$ 537 14

ADVANCE CHARGES \$ _____

GRAND TOTAL \$ _____