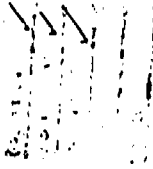


130142

FILE FOR RECORD
SKAMANIA CO WASH
BY Skamania County

JAN 2 1 04 PM '98

Olson
AUDITOR
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 Columbia Distributing Co., Inc.

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 22nd day of Dec 19 97.

2. That the place of injury was 162 Bylin Rd, Home Valley

3. That the location and description of the defect which caused the injury are 162 Bylin Rd, Home Valley WA

4. That the injury is described as follows: SEE ATTACHED Report

5. That the amount of damages claimed is as follows: DAMAGE Report
Attached

6. That the actual residence of the claimant at the time of presenting and filing this claim is 6840 N. Cutter Circle, Portland, OR 97217-0145

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

DATED: 12-30 - 1997

by Robert Suple
Columbia Distributing Company
(Claimant)

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

①

SKAMANIA COUNTY ACCIDENT REPORT
STEVENSON, WASHINGTON

EMPLOYEE STATEMENT

Employee Name: TINA ANDERSON Job Title: Council Control Dept Dept: B+G
Time of ~~Acc.~~ Acc. 5:45 AM Date of ~~Imp.~~ Acc. 12-22-97
Location of Accident: 162 Bylin Rd, Home Valley, WA
Name of Person this accident/incident was reported to: Tony Estey
Time Reported: 7:00 am Name (s) of Witness: None

Summarize what you think happened:
Backed up work pickup truck
down the top of my husbands Company Car Hood.
After we parked in a different spot and I didn't
see it for the dark and the mirrors were faulty.

Explain in Detail: What part of the body was injured - BE SPECIFIC. i.e. (on back, lower middle, upper, left, right, back or front - part of body injured) NO INJURY

What might be done to prevent this from happening in the future?

Was a Doctor seen? _____ Date and time you sought medical attention _____
Whom did you see? _____ Hospital/Office _____

Would you be willing to perform light duty work during your recovery?
EMPLOYEE SIGNATURE: Tina Anderson DATE: 12/24/97

State of Washington WAC 296-24-025 (6) Employee's Responsibility. "Employee shall make a prompt report to their supervisor, of each industrial accident". See Section 8.2.3, Sub Section 4 of Personnel Policy. This form to be returned to Safety Committee as soon as Employee and Supervisor have completed all of the forms that go with this report.
Date Safety Committee received reports: _____

SAFETY CHAIRPERSON SIGNATURE _____
DATE 4/16/98

Supervisor's Report on reverse side Page 1

1

SUPERVISOR'S STATEMENT

Supervisor's Name: RA (Leary) Estey Date: 12/23/92 Dept: B&E
Exact time reported to you: 9:00 AM 12/22 Who reported it: TINA ANDERSON
After you investigated accident, report what happened and injuries involved: NO INJURIES
TINA BACKED 650 INTO BUSHARD COMPANY CAR WHEN LEAVING
LOTTO TO REPORT TO WORK.

Did this accident require First Aid? No What kind _____
Did this accident require doctor treatment? No Any time being lost? No
Has this employee been properly trained in the job he/she was performing? Yes
In your opinion, what was the cause of this accident? _____

- Inadequate guards on equipment
- Defective tools, equipment, etc.
- Unsafe design or construction
- Improper storing
- Strong wind
- Rough terrain
- Toxic Material
- Slippery surface
- Poor housekeeping
- Other _____
- Improper signing
- Lack of awareness
- Improper clothing or shoes
- Using unsafe equipment
- Improper loading methods
- Taking unsafe position
- Failure to use protective equipment
- Distraction or inattention
- Improper turning movement
- Improper lifting

If so, was the employee instructed to keep the County informed of progress? _____
(Call Supervisor weekly) _____
Was the Doctor's Date Sheet report sent to the Doctor and returned? NA
In your opinion, is this accident/incident preventable or unpreventable? PREVENTABLE
SUPERVISOR'S SIGNATURE: RA. Estey DATE: 12/23/92
DEPARTMENT HEAD INITIALS: RA

Please see that this form is completed promptly, and returned to Safety Committee within 24 hours.
SAFETY REVIEW BOARD ACTION _____



5
4
2
0
0
0

NLETS TIME: 0945 DATE: 12307 00: 57850

SR: 05CDEW400

07:42 12/29/97 01553

07:42 12/29/97 02368 K65000000

TAF

L:UMV805

I:1 MA:FORD / STAT 196 I: 2510

ID:1FALP520501307 11:59710302

CD:L EXP:091552 P/91:104607 11

09:COLUMBIA DIST COMPANY 000000 X

R:6840 N CUTTER CIR PULL

R:PO BOX 17135

PORTLAND OR 97217 0000 26

13:US LEASING INTERNATIONAL INC

15:US FLEET LEASING INC

L:2988 CAMPUS DRIVE CA

L:2988 CAMPUS DRIVE CA

L:PO BOX 5933

SAN MATEO CA

DISPLAY COMPLETE Rev 1.01 5/88

Official Copy

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282 7277

**MACKIN & SON
AUTOMOTIVE, INC.**

Complete Mechanical & Collision Repair Center



MIKE MCKELDIN

Old Fashion Service with Advanced Technology

➤ **Mackin & Son Auto Body**

8035 N. Denver Ave.
Portland, OR 97217
Phone: (503) 289-9851
Fax: (503) 286-3808

➤ **Mackin's Rockwood Auto Body**

2617 SE 182nd Ave.
Gresham, OR 97030
Phone: (503) 665-6605
Fax: (503) 665-6648

➤ **Mackin & Son Automotive**

8026 N. Denver Ave.
Portland, OR 97217
Phone: (503) 289-9851
Fax: (503) 286-4340

➤ **Mackin's Automotive of Vancouver**

800 Grand Blvd.
Vancouver, WA 98661
Phone: (360) 696-9566
Fax: (360) 694-7492

①

DAMAGE REPORT
 12/22/97 at 17:52
 FSD TAX ID#930661919

ANDERSON
 D.R. 37642-0001632
 Est: M. MCKELDON

MACKIN'S HOLLYWOOD AUTO BODY
 MACKIN & SONS IN BUSINESS SINCE 1945
 3737 NE BROADWAY
 PORTLAND, OR 97232-
 (503) 282-7277

Owner: LEROY ANDERSON
 Address: 162 BYLIN RD
 STEVENSON WA 98648

Day Phone: (503) 289-9600-
 Other Ph: (509) 427-8526-
 Deductible: \$ N/A

Insurance Co.:
 Claim No.:

Adj.:

Phone:

96 FORD TAURUS GL 4D SED PLUM 6-3.0L-FI
 Vin: 1FALP52U5TG113207 License: UMV 855 OR Prod Date: 8/95 Odometer: 51545

Power steering
 Power mirrors
 Dual mirrors
 Tilt wheel
 Cloth seats
 Clear coat paint

Power brakes
 Tinted glass
 Air conditioning
 Driver airbag
 Bucket seats

Power windows
 Body side moldings
 Rear defogger
 Passenger airbag
 Recline/lounge seats

NO.	OP.	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
1		FRONT BUMPER					
2		O/H Front Bumper	1	0.00	2.0	0.0	
3	Repl	O/H front bumper	1	0.00	Incl	0.0	
4**	Repl	A/M Cover assy w/o SHO	1	240.75	Incl	3.0	
5		Add for Clear Coat	1	0.00	0.0	1.2	
6		R&I Nameplate w/SHO	1	0.00	0.2	0.0	
7		FRONT LAMPS					
8	Repl	Aim headlamps	1	0.00	0.5	0.0	
9	Repl	RT Headlamp assy	1	181.47	0.3	0.0	
10		HOOD					
11	Repl	Hood	1	240.05	1.0	2.8	
12		Add for Clear Coat	1	0.00	0.0	1.1	
13		Add for Underside	1	0.00	0.0	1.4	
14*	Repl	UNDERHOOD STICKERS	1	60.00	0.4	0.0	
15		WINDSHIELD					
16*		R&I WASHER NOZZLES	1	0.00	0.2	0.0	
17*		BLEND RT & LT FENDERS	1	0.00	0.0	2.0	
18*		CAR COVER	1	0.00	0.3	0.0	X
19*		FLEX ADDITIVE	1	0.00	0.0	0.0	X
20*		HAZARDOUS WASTE	1	0.00	0.0	0.0	X
21*		TINT	1	0.00	0.0	0.5	
Subtotals			===>	722.27	4.9	12.0	16.50

①

DAMAGE REPORT
12/22/97 at 17:52
FED TAX ID#930661919

ADDRESS
D.F. 37642-9001632
RSL: M. WYBLEN

MACKIN'S HOLLYWOOD AUTO BODY
MACKIN & SONS IN BUSINESS SINCE 1945
3737 NE BROADWAY
PORTLAND, OR 97232-
(503) 282-7277

Parts		722.27
Body Labor	4.9 units @ \$34.00	166.60
Paint Labor	12.0 units @ \$34.00	408.00
Paint	12.0 units @ \$17.00	204.00
Sublet/Misc		16.50

SUBTOTAL		\$ 1517.37
Tax on \$	0.00 at 0.0000%	0.00

GRAND TOTAL		\$ 1517.37

INSURANCE PAYS \$ 1517.37

OUR BODY SHOP IS COMMITTED TO PROVIDING THE FINEST COLLISION REPAIR AVAILABLE ANYWHERE. WE ARE PLEASURED TO EXTEND TO YOU, OUR VALUED CUSTOMER A LIFETIME WARRANTY ON COLLISION REPAIR AND PAINT FOR AS LONG AS YOU OWN YOUR VEHICLE.
(THIS WARRANTY IS NON-TRANSFERABLE)

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF A MOTOR VEHICLE CRASH PART NOT MADE BY THE ORIGINAL EQUIPMENT MANUFACTURER. THE USE OF A MOTOR VEHICLE CRASH PART NOT MADE BY THE ORIGINAL EQUIPMENT MANUFACTURER MAY INVALIDATE ANY REMAINING WARRANTIES OF THE ORIGINAL EQUIPMENT MANUFACTURER ON THAT MOTOR VEHICLE. THE PERSON WHO PREPARED THIS ESTIMATE WILL PROVIDE A COPY OF THE PART WARRANTY FOR CRASH PARTS NOT MADE BY THE ORIGINAL EQUIPMENT MANUFACTURER FOR COMPARISON PURPOSES.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the Guide DR2JN96. Database Date 9/97
Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.

CAPA items have been certified for fit and finish by the Certified Auto Parts Association.
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DAMAGE REPORT
12/23/97 at 08:28
FAX (503) 232-4369

ANDERSON
D.R. 34863-0002710
Est: B. REICHL

SHARP AUTO BODY

4031 SE 26TH AVE.
PORTLAND, OR 97202-
(503) 232-9325

Owner: LEROY ANDERSON
Address: 162 BYLIN ROAD
STEVENSON WA 98648

Day Phone: (503) 289-9600-NONE
Other Ph: (509) 427-8526-NONE
Deductible: \$ N/A

Insurance Co.: N/A
Claim No.: N/A

Phone:
Adj.:

96 FORD TAURUS GL 4D SED MAROON 6-3.0L-FI OR Prod Date: 8/95 Odometer: 51674
Vin: 1FALP52U5TG113207 License: UMV-855

Power steering	Power brakes
Power mirrors	Tinted glass
Dual mirrors	Air conditioning
Tilt wheel	Driver airbag
Cloth seats	Bucket seats
Clear coat paint	Metallic paint

Power windows
Body side moldings
Rear defogger
Passenger airbag
Recline/lounge seats

NO.	OP.	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
1		FRONT BUMPER					
2	Repl	O/H Front Bumper	1		2.0		
3	Repr	O/H front bumper	1		Incl		
4*	Repr	Cover assy w/o SHO	1		3.5	3.0	
5		Add for Clear Coat	1			1.2	
6*	Repl	Emblem "FORD" OVAL	1	7.23	Incl		
7							
8		FRONT LAMPS					
9	Repl	Aim headlamps	1		0.5		
10	Repl	RT Headlamp assy	1	181.47	0.3		
11		R&I LT Headlamp assy	1		0.3		
12							
13		HOOD					
14	Repl	Hood	1	240.05	1.0	2.8	
15		Add for Clear Coat	1			1.1	
16		Add for Underside	1			1.4	
17							
18		FENDER					
19*	Refin	RT Fender (BLEND)	1			1.1	
20*	Refin	LT Fender (BLEND)	1			1.1	
21		R&I RT Splash shield	1				0.6
22		R&I LT Splash shield	1				0.6
23		R&I RT Rocker molding front GL	1				0.5

DAMAGE REPORT
12/23/97 at 08:28
FAX (503) 232-4369

SHARP AUTO BODY

ANDERSON
D.R. 34863-0002710
Est: B. REICHL

4031 SE 26TH AVE.
PORTLAND, OR 97202-
(503) 232-9325

NO.	OP.	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
24		R&I Lt Rocker molding front GL	1		0.5		
25							
26*		MISCELLANEOUS OPERATIONS	1				
27*		TINT COLOR	1		1.0		
28*		COVER CAR	1		0.2	X	7.50
29*		HAZARDOUS WASTE REMOVAL	1			X	5.00
Subtotals				428.75	10.0	12.7	12.50

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DAMAGE REPORT
12/23/97 at 08:28
FAX (503) 232-4369

ANDERSON
D.R. 34863-0002710
Est: B. REICHL

SHARP AUTO BODY

4031 SE 26TH AVE.
PORTLAND, OR 97202-
(503) 232-9325

Parts		428.75
Body Labor	10.0 units @ \$34.00	340.00
Body Supplies	3.5 units @ \$ 5.00	17.50
Paint Labor	12.7 units @ \$34.00	431.80
Paint/Materials	12.7 units @ \$17.90	215.90
Sublet/Misc		12.50

SUBTOTAL	\$	1446.45
Tax on \$	0.00 at 0.0000%	0.00

GRAND TOTAL	\$	1446.45

INSURANCE PAYS	\$	1446.45

*OREGON LAW STATES THAT: AN INSURER SHALL NOT REQUIRE THAT A PARTICULAR PERSON PAY THE REPAIRS TO THE INSURED'S MOTOR VEHICLE AS A CONDITION OF RECOVERY BY THE INSURED UNDER A MOTOR VEHICLE LIABILITY INSURANCE POLICY. * ALSO, THE ABOVE PRICES CAN'T BE GUARANTEED BECAUSE ADDITIONAL DAMAGE MAY BE DISCOVERED AFTER THE CAR IS DISASSEMBLED. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE ONLY.

AUTHORIZED BY: _____

DATE: _____

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the Guide DR2396. Database Date 9/97
Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.

CAPA items have been certified for fit and finish by the Certified Auto Parts Association.

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