139637

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY CLERK OF THE BOARD
Skamania County Auditor's Office
Skamania County Courthouse
240 North West Vancouver Avenue, Room 27
Stevenson, WA 98648

NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

FOR OFFICE USE ONLY:
CLAIM NO. _____
DATE FILED: _____
COPIES TO: _____
ATTACHMENTS: YES($___) NO

1. Name (including spouse if married): (Please Print)
Larry D Mulcahy - Carol A. Mulcahy

2. 301 Eyman Cemetery Rd POB611 Carson WA 98610
Address City State Zip

3. HM Phone: 427-7266 WK Phone: 427-9466 MSSG Phone: _____

4. Date and time of incident: Nov 8, 2000 @ 9:30 AM

5. Location of incident:
MP 1.5 (aprox) Willard Rd

6. Describe in narrative form and in detail exactly how the incident occurred:
I was returning to the office from a home visit. A basket ball sized rock rolled down the hill and struck the passenger side doors.

7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): $ 1048.72

8. Please list name and address of any and all witnesses or persons involved: (Please Print)
none

9. Describe the damages or injuries you sustained as a result of the incident: none to me - only my automobile

10. Was incident investigated by a police officer? No Sheriff ____ State Patrol ____ City ____

11. If a vehicle was involved in the incident, describe: Make Honda Model 4dr wgn Year 1984 State WA License No. 897CUA Insurance Company USAA Policy Number # 496 53 22

12. Describe what you did after the incident occurred: Proceeded back to Office

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. N/A

14. How did you identify the County as the party responsible for your damage? County Road, County Property, County Truck, County Rock.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this claim is true and correct.

DATED THIS 9th DAY OF November, 2000

Larry D Mulder
Claimant's Signature

File Name: Commiss/Risk Mang/Claims/Claim For Damages

NOTE: Personal property (car, etc.) damages are to be accompanied by 2 estimates for repair costs. The Skamania County Risk Manager will investigate this claim. The decision to honor this claim will be based upon that investigation. Making a false report or providing false evidence is a crime and punishable by fine and/or imprisonment. Additional pages may be attached if needed to answer the questions.

ESTIMATE OF REPAIRS

SCENIC AUTO BODY INC.

962 Wind River Highway
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 11-7-2000

Name Larry Mulcahy Address [illegible] City [illegible] Phone
Make Honda Year 84 Serial No. Body Style Civic Hatchback Style No.
Mileage License No. Paint No. Trim No. Insurance Co.

RE PAIR	RE PLACE	ESTIMATE OF REPAIR COSTS	PAINT TIME	LABOR HRS.	PARTS	SUBLET
	V	Right rear door (used)		1 5	175 00	
	V	" " " moulding		2	27 27	
	✓	Right front door		3 0		
	V	Right rocker		2 0		
	V	" " moulding		3	7 05	
		Repaint damage	5.0			
		Paint blend	1.0			
		clear coat	1.5			
		clean unused parts		1 0		
		TOTAL				

REMARKS

16.6 HRS. OF LABOR AT $ 38 PER HR. $ 630 80
PARTS $ 269 32
PAINT MATERIALS $ 140 00
SUB TOTAL $ 590 12
SALES TAX $ 68 60
ESTIMATE TOTAL $ 1048 72
ADVANCE CHARGES $
GRAND TOTAL $

$ 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