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

JUL 23 4 24 PM '01

*P. Olson*  
AUDITOR  
GARY M. OLSON

# SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

<b>CLAIMANT:</b> 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	<b>FOR OFFICE USE ONLY:</b> CLAIM NO. _____ DATE FILED: _____ COPIES TO: _____ ATTACHMENTS: YES( <input type="checkbox"/> ) NO
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NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

- Name (including spouse if married): (Please Print)  
*Jim & Eaves*
- 215 NE. Fern      *Dallas*      *Oregon*      *97338*  
 Address                      City                      State                      Zip  
 Call Phone
- HM Phone: \_\_\_\_\_ WK Phone: \_\_\_\_\_ MSSG Phone: *1-503-930-5327*
- Date and time of incident: *7/19/01*
- Location of incident:  
*Just North of Carson WA.*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Describe in narrative form and in detail exactly how the incident occurred:  
*Dump Truck Traveling North & I going South thru a*  
*Back & Hit my windshield.*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available):  
 \_\_\_\_\_  
 \_\_\_\_\_

0000260

8. Please list name and address of any and all witnesses or persons involved:  
(Please Print)

Ray Horne (RVer) from El Paso Tx.

9. Describe the damages or injuries you sustained as a result of the incident:

Broken Windshield + Headlight

10. Was incident investigated by a police officer? N/A Sheriff \_\_\_\_\_ State Patrol \_\_\_\_\_  
I did Tell The Boss of Job. City \_\_\_\_\_

11. If a vehicle was involved in the incident, describe: Make Dump Truck  
Model \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ License No. \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

12. Describe what you did after the incident occurred: Drove 1/4 mile to entrance of County work area

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. Explained what happened & he escorted me to Court office.

14. How did you identify the County as the party responsible for your damage?  
I saw them drive out of yard.

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 Thu DAY OF 7/19/01, 2001

J. S. Evans  
Claimant's Signature

File Name: Commis/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.



**Sam's AUTO BODY**  
Stevenson WA  
Vancouver WA



Date 7-23-01

Phone (day)

other

Make of Car	Year	Model	License #	VIN
Olds.	92	Brough		

Repair	Replace	Sublet	Description	Parts/Materials Sublet	Labor	Labor Hours
	X		<del>water</del> windshield	95. <sup>00</sup>	100. <sup>00</sup>	25
<p>Thank you Kody</p>						

Thank  
you  
Kody

ESTIMATE ☐ WORK ORDER ☐ SUPPLEMENT ☐

Insurance Company	
Phone Number	
Fax Number	
Claim #	
Adjuster	

<b>PAYMENT RECEIVED</b>	Date	Amount	Cash	Check #

PAINT	Spot in/Complete							
	2nd Color							
	Tint & Blend							
	Clear Coat							
	Paint Product							
MISC.	EPA							
	Shop Materials	15.00						
	Car Cover							
	Towing							
TOTAL	Sub Totals			210.00				
	Sales Tax			17.70				
	Total			224.70				

LABOR RATE 47.00 HR.

This estimate is based on a visual inspection and does not cover additional parts or labor which may be required after the work has begun, as worn or damaged parts which were not evident on first inspection may be uncovered. Parts prices are subject to change without notice. Vehicle will not be released without payment at completion to your satisfaction.

Work authorized by: