142191

FILED FOR RECORD
SKAMANIA CO. WASH
BY Skamania County
AUG 30 4 55 PM '01
O Lowry
AUDITOR
GARY H. OLSON

# 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)**
Dawn Peters Scott Peters

2. P.O. Box 492 Carson WA 98610
**Address** **City** **State** **Zip**

3. **HM Phone:** 427-4130 **WK Phone:** 427-2508 **MSSG Phone:** 427-

4. **Date and time of incident:** Tuesday August 21 3:30 P.M.

5. **Location of incident:**
Lions Club Paper Drop Stevenson, WA

6. **Describe in narrative form and in detail exactly how the incident occurred:**
pulled into paper Drop to drop off papers Followed arrows to exit while rounding the corner of the building I hit the cement post because corner was too sharp and couldn't see the post. (the arrows were on the barricades.) I drop off papers every week.

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

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

9. **Describe the damages or injuries you sustained as a result of the incident:**
Dented the right side of pick-up bed.

10. **Was incident investigated by a police officer?** **Sheriff** X **State Patrol** ____ **City** ____

11. **If a vehicle was involved in the incident, describe: Make** 97 Ford **Model** pick-up **Year** 97 **State** WA **License No.** A2020SD **Insurance Company** Hudson Insurance **Policy Number** ____

12. **Describe what you did after the incident occurred:** pulled over and looked at damages then I called my husband he came down and took pictures and we called a sheriffs deputy.

13. **Describe the conversations you had, if any, with County personnel during or after the incident occurred.** ____

14. **How did you identify the County as the party responsible for your damage?**
It happened on the County Fairgrounds. Not sure who put up the barricades.

**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** 24 **DAY OF** August, 20 21

**Claimant's Signature**

**File Name: Commin/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

FAX: (509) 427-7974

OWNERS:
Paul R. Penner
(509) 427-8071
Greg H. Wyninger
(509) 427-8049

Date 8-23-2001

Name Scott Peters Address _____ City Carson Wa Phone 427-4120

Make Ford Year 97 Serial No. 4door long box Body Style 4dr pickup Style No. _____

Mileage _____ License No. _____ Paint No. F350 Trim No. _____ Insurance Co. _____

| RE PAIR | RE PLACE | ESTIMATE OF REPAIR COSTS | PAINT TIME | LABOR HRS. | PARTS | SUBLET |
|---|---|---|---|---|---|---|
| | ✓ | Right box side | 4 0 | 11 5 | 577 50 | |
| | ✓ | " " " moulding | | 2 | 34 20 | |
| | ✓ | Running boards right side | | 2 0 | 230 00 | |
| | ✓ | wheel cap (moldova) | | 1 | 9 75 | |
| | ✓ | R+I tool box | | 1 0 | | |
| | | R+I led reil caps | | 1 0 | | |
| | | Tint + blend | 1 0 | | | |
| | | Clear coat | 2 0 | | | |
| | | TOTAL | | | | |

REMARKS _____

23 HRS. OF LABOR AT $ 38 PER HR. $ 874 00

PARTS $ 852 70

PAINT MATERIALS $ 120 00

SUB TOTAL $ 1746 70

SALES TAX $ 129 26

ESTIMATE TOTAL $ 1975 96

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 _____

351 Second St.
(P.O. Box 1155)
Stevenson, WA 98648
509-427-5248
Fax: 509-427-4872

# Sam's AUTO BODY
Stevenson WA
Vancouver WA

Name ~~[illegible]~~ Dawn Peters

Address

Date 3-22-01

Phone (day) 427-4120

other

| Make of Car | Year | Model | License # | VIN |
|---|---|---|---|---|
| Ford | 97 | F-350 | 4dr 4x4 | |

| Repair | Replace | Sublet | Description | Parts/Materials Sublet | Labor | Labor Hours |
|---|---|---|---|---|---|---|
| | ✓ | | R-Box Side | 550 00 | 552.00 | 11.9 |
| | ✓ | | Mldg Side Front | 3 1/2 | 96.00 | .2 |
| | ✓ | | R- Wheel opening Mldg | 50 17 | 144.00 | .3 |
| | ✓ | | Running board R-side under Bed | 325 00 | 960.00 | 2.0 |
| ✓ | | | Running board under cab | | 480 | 1.0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | Thank You | | | |
| | | | Kody | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ESTIMATE ☐ WORK ORDER ☐ SUPPLEMENT ☐

| | |
|---|---|
| Insurance Company | |
| Phone Number | |
| Fax Number | |
| Claim # | |
| Adjuster | |

| PAYMENT RECEIVED | Date | Amount | Cash | Check # |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

LABOR RATE 48.00 HR.

| | | Parts/Materials Sublet | Labor | Labor Hours |
|---|---|---|---|---|
| PAINT | Spot in/Complete | | 240.00 | 6.0 |
| | 2nd Color | | | |
| | Tint & Blend | | 40.00 | 1.0 |
| | Clear Coat | | 40.00 | 1.0 |
| | Paint Product | 100.00 | | |
| MISC. | EPA | 6.00 | | |
| | Shop Materials | 25.00 | | |
| | Car Cover | 5.00 | 8.00 | .2 |
| | Towing | | | |
| TOTAL | Sub Totals | 1255 51 | 1048 00 | |
| | Sales Tax | 101.24 | | |
| | Total | 2464.81 | | |

23035

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: _____