

142810

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

SEP 12 3 21 PM '01

P. Lowry
AUDITOR
GARY H. OLSON

Exp. Fee
Reg. Fee
Not. Fee
Printed
Waxed

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

FOR OFFICE USE ONLY:

CLAIM NO. _____

DATE FILED: _____

COPIES TO: _____

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

ATTACHMENTS: YES() NO

- Name (including spouse if married): (Please Print)
Jeanette K. Chevalier, William F. Chevalier
- 22 Davison St. / P.O. Box 81 Underwood WA 98651*
Address City State Zip
- HM Phone: *493-3120* WK Phone: _____ MSSG Phone: *493-3120*
- Date and time of incident: *Sept. 11, 2001 12: AM to 12:15 est.*
- Location of incident:
Hood River Oregon - Oak St. in front of Antique Store and Hood River Stationery Store.
- Describe in narrative form and in detail exactly how the incident occurred:
Ken pulled in to parallel park in front of my van. He was listening to music he said and this was his first time driving the van.
- 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)

People working at Waucoma book store heard and told me about it.

9. Describe the damages or injuries you sustained as a result of the incident: no injuries to me. The vehicle was unoccupied at the time. Dented fender pulled out. Headlight scraped and moved a little bit apart. US Sticker removed, scratched paint

10. Was incident investigated by a police officer? Sheriff _____ State Patrol _____
City _____

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

12. Describe what you did after the incident occurred: got the name of Driver, Ken and his License Information, called police was told to fill out forms at the H.R. DMV, contacted my insurance to fill out more forms.

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. traced down Ken's work and went to Commissioner's office gave both of them a copy of the accident report. I told them what I knew.

14. How did you identify the County as the party responsible for your damage?
Ken told me.

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 11 DAY OF September, 2001

Janeth K. Cluark
Claimant's Signature

File Name: Counties/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.

DMV

386
3231 OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

Complete this form ONLY if your accident is reportable under Oregon Law. The accident is reportable if it happened on a highway or premises open to the public, and resulted in any of the following: 1) More than \$1000 in damage to any one person's property; 2) Injury to any person (no matter how minor the injury); or, 3) the death of any person. (PLEASE PRINT)

ACCIDENT DATE 9/11/01	DAY OF WEEK MON	TIME OF DAY 12:10 AM	COUNTY Hood River	Accident Number
ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route) Oak St				Accident Type Code (Circle One) 1 2 3 4 6 8 9 X R P
WITHIN FEET N S E W		NAME OF NEAREST INTERSECTING ROAD Oak St		WITHIN FEET N S E W
NEAR MILES N S E W				NEAR MILES N S E W

TYPE OF ACCIDENT - The accident involved one or more of the following: (Mark all that apply):

<input checked="" type="checkbox"/> Two vehicles	<input type="checkbox"/> Fatality	<input type="checkbox"/> ATV / Snowmobile	<input type="checkbox"/> Train	<input type="checkbox"/> Animal
<input type="checkbox"/> More than two vehicles	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Motorcycle	<input checked="" type="checkbox"/> Parked vehicle	<input type="checkbox"/> Fixed object
	<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Overtaken vehicle	<input type="checkbox"/> Other

Were you covered by liability insurance at the time of the accident? YES NO

DRIVER'S NAME (LAST, FIRST, MIDDLE) Chevalier, Jeannette K. (Hood River)	DRIVER'S LICENSE NUMBER CHEVAK 387 BP	STATE WA	DATE OF BIRTH Jan. 17, 1962	SEX F
DRIVER'S ADDRESS 27 Davison St.	CITY Hood River	STATE WA	ZIP CODE 97651	<input type="checkbox"/> IF ADDRESS CHANGE
VEHICLE OWNER'S NAME AND ADDRESS <input type="checkbox"/> SAME William T. Chevalier & Jeannette	CITY Hood River	STATE WA	ZIP CODE 97651	
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS Assure Quest	CITY	STATE	ZIP CODE	

POLICY NUMBER AR100002455	VEHICLE IDENTIFICATION NUMBER 2R4FH4131R534078	VEHICLE PLATE NUMBER 210 DSI	STATE WA	YEAR 08	MAKE & MODEL 2008 Ford Focus
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Was your vehicle's damage: more than \$1000 or \$1000 or less?

Did the accident occur while you were driving your employer's vehicle? YES NO

Were you driving on your job and being paid for the principal purpose of driving? YES NO

Were you being paid to drive and/or deliver persons or property? YES NO

Were you operating a government owned vehicle marked for transporting mail in accordance with government rules? YES NO

Were you operating an authorized emergency vehicle? YES NO

Were you operating a commercial motor vehicle requiring you to have a commercial driver license? YES NO

a) Were you transporting hazardous material? YES NO

DRIVER'S NAME (LAST, FIRST, MIDDLE) Cohen, Ken	DRIVER'S LICENSE NUMBER ODL 4759542	STATE	DATE OF BIRTH	SEX M
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS <input type="checkbox"/> SAME Stamania County	CITY Stevenson	STATE WA	ZIP CODE	
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS	CITY	STATE	ZIP CODE	

POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER 19194C	STATE WA	YEAR	MAKE & MODEL GMC
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IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, ATTACH A SUPPLEMENTAL REPORT.

DESCRIBE WHAT HAPPENED:
Driver's Stamania County Vehicle's work phone is (509) 427-9478
~~When he was pulling into park, parallel park,~~
he hit my front driverside. I was parked at the time and
at Kaucoma boat store when it happened and the lady's told
me what had happened I was in front of Antique and Hood River Stationery
Store when this happened.

I certify all information given on this report is true and accurate to the best of my knowledge.

SIGNATURE OF PERSON MAKING REPORT
X Jeannette K. Chevalier

DATE SIGNED
Sept. 11, 2001

091101045

CUSTOMER COPY

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 7-12-2001

Name Jeanette Chevalier Address 27 Dawson City Underwood Phone 509 493-3130

Make Phonix Year 88 Serial No. _____ Body Style Voyager Style No. _____

Mileage _____ License No. ZK2 DST Paint No. _____ Trim No. _____ Insurance Co. Insure Quest

RE PAIR	RE PLACE	ESTIMATE OF REPAIR COSTS	PAINT TIME	LABOR HRS.	PARTS	SUBLET
<input checked="" type="checkbox"/>		Left Front bumper end	5	3	30 25	
		" " " " bracket		1 0	30 60	
<input checked="" type="checkbox"/>		Left side marker light		4	25 00	
		Left fender		2 0		
		Fender emb. V6 FIT			17 10	
		Repaint damage	2 0			
		Amber lights		5		
		Tint & blend	1 0			
		clear coat	1 0			
		restrip fender		5	7 25	
		TOTAL				

REMARKS

7.2 HRS. OF LABOR AT \$ 38 PER HR. \$ 344 60

PARTS \$ 112 90

PAINT MATERIALS \$ 70 00

SUB TOTAL \$ 572 50

SALES TAX \$ 37 27

ESTIMATE TOTAL \$ 609 77

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 that inspection may be discovered. Normally this estimate cannot cover such contingencies. Parts prices subject to change without notice. This estimate is for immediate acceptance.

By: _____ THIS WORK AUTHORIZED BY _____

000228

351 Second St.
(P.O. Box 1155)
Stevenson, WA 98648
509-427-5248
Fax: 509-427-4972

Sam's AUTO BODY
Stevenson WA
Vancouver WA



Name: Jeanette Chevalier Date: 9-12-01
Address: _____ Phone (day): 509-493-3120
other: _____

Make of Car	Year	Model	License #	VIN
<u>Plymouth</u>	<u>88</u>	<u>Wagon</u>		

Repair	Replace	Sublet	Description	Parts/Materials Sublet	Labor	Labor Hours
	<u>X</u>		<u>Front Bumper used</u>	<u>135.⁰⁰</u>	<u>80.⁰⁰</u>	<u>2.0</u>
	<u>X</u>		<u>Side marker light</u>	<u>25.⁰⁰</u>	<u>8.⁰⁰</u>	<u>.2</u>

Thank you body.

ESTIMATE WORK ORDER SUPPLEMENT

Insurance Company _____
Phone Number _____
Fax Number _____
Claim # _____
Adjuster _____

PAIN	MISC.	TOTAL
Spot in/Complete		<u>100.⁰⁰ 2.5</u>
2nd Color		
Tint & Blend		<u>40.⁰⁰ 1.0</u>
Clear Coat		<u>40.⁰⁰ 1.0</u>
Paint Product	<u>80.⁰⁰</u>	
EPA	<u>5.⁰⁰</u>	
Shop Materials	<u>10.⁰⁰</u>	
Car Cover	<u>5.⁰⁰</u>	<u>8.⁰⁰ .2</u>
Towing		
Sub Totals		<u>536.⁰⁰</u>
Sales Tax		<u>37.⁵²</u>
Total		<u>573.⁵²</u>

PAYMENT RECEIVED	Date	Amount	Cash	Check #

LABOR RATE 40 / 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: _____

000230

BAKER'S AUTO BODY
 Shop Registration #:673214
 PO.BOX 919 1033 S.IND.LANE
 WHITESALMON, WA 98672
 PH (509)493-3914
 FAX (509)493-4506

ESTIMATE
 DATE:09/12/2001

CHEVALER
 REPORT#: 1195

OWNER:JEANETTE CHEVALER
 ADDRESS:22 DAVISON, UNDERWOOD, WA 98651

HOME PH#:(509)493-3120-
 WORK PH#:(509)

YEAR: 1988
 MAKE: Plymouth
 MODEL:Voyager

STYLE:
 COLOR:
 PROD DATE: 09/87

VIN: 2P4FH4131JR534078
 LICENSE: 210DSI
 MILES IN:

INS CO:INS.QUEST
 ADJUSTER:

PHONE#:(877)688-8254-
 CLAIM#:

ESTIMATOR:STEVE
 DEDUCTIBLE:\$ 0.00

ACT SIDE	DESCRIPTION	PART NUMBER	PRICE	BLBR	PLBR	MD	MISC
REPL L	FRONT END CAP, W/STRIP	4504093	29.75	0.3	0.5		
REPR	*FACE BAR, W/IMPACT STR- IP			0.5*			
REPL L	MARKER LAMP	4321921	24.75	0.2			
REPR L	*FENDER +CLRCOAT TINT & BLEND			1.5*	2.4		1.0*
	*HAZARD WASTE DISPOSAL			1.5			
	COVER CAR FOR PAINT					T	5.00
	TOWING			0.3		T	5.00*
SUB TOTALS ->			54.50	4.3	3.9		10.00

I hereby authorize the above
 work and acknowledge receipt of
 copy.
 Signed X _____
 Date _____

	HRS	RATE	
BODY LABOR	4.3	x 42.00/hr	180.60
PAINT LABOR	3.9	x 42.00/hr	163.80
FRAME LABOR	0.0	x 50.00/hr	0.00
MECH LABOR	0.0	x 52.00/hr	0.00
PARTS			54.50
LKQ PARTS			0.00
SHP SUPPLIES	4.3	at 4.00/hr	17.20
PNT SUPPLIES	3.9	at 21.00/hr	81.90
MISC			10.00
SUBTOTAL			508.00
TAX ON	\$ 508.00	at 7.000	35.56
GRAND TOTAL			\$ 543.56

ACT: REPR=Fix, REPL=Replace, BLND=Blend
 PLBR (Overlap Deduct): M=Major, A=Adjacent, N=Non-Adjacent
 BLBR (Overhaul Information): V=Overhaul, I=Included
 MD (Misc Desc): F=Frame, M=Mech, B=Btrmnt, S=Sublet, D=Non-Taxed, T=Taxed
 Estimate written on COMP-EST ESTIMATING SYSTEM(C), prices based on MOTOR CRAS
 * Indicates Estimator's Judgement