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FILED FOR RECORD
SKAMANIA CO. WASH
BY Skamania County
SEP 12 3 21 PM '01
P Leroy
AUDITOR
GARY M. 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)**
   Jeanette K. Chevalier, William F. Chevalier

2. 22 Davison St. / P.O. Box 81 Underwood WA 98651
   Address **City** **State** **Zip**

3. **HM Phone:** 493-3120 **WK Phone:** _____ **MSSG Phone:** 493-3120

4. **Date and time of incident:** Sept. 11, 2001 12:1 Am to 12:15 est.

5. **Location of incident:**
   Hood River Oregon - Oak St. in front of Antique Store and Hood River Stationary Store.

6. **Describe in narrative form and in detail exactly how the incident occurred:**
   Ken pulled in to paralle park in front of my van. He was listening to music he said and this was his first time driving the van.

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

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8. **Please list name and address of any and all witnesses or persons involved:**
(Please Print)
People working at Wauconda 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 Lisense 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.** tracted down Ken at 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

Jeanette K. Clark
Claimant's Signature

File Name: Commlss/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.**

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DMV 3861 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	DAY OF WEEK	TIME OF DAY	COUNTY
9/11/01	M T W TH F S SN	12:10 est AM PM	Hood River

ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route): Oak St — MILE POST

☐ WITHIN ____ FEET N S E W ☐ NEAR ____ MILES N S E W — NAME OF NEAREST INTERSECTING ROAD: Oak St

DO NOT WRITE IN THIS SPACE — Accident Number ____ Accident Type Code (Circle One): 1 2 3 4 6 8 9 X R P

☐ WITHIN ____ FEET N S E W ☐ NEAR ____ MILES N S E W — NAME OF NEAREST CITY / TOWN: Hood River Downtown

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

☒ Two vehicles ☐ More than two vehicles ☐ Fatality ☐ Bicycle ☐ Pedestrian ☐ ATV / Snowmobile ☐ Motorcycle ☐ Train ☒ Parked vehicle ☐ Overturned vehicle ☐ Animal ☐ Fixed object ☐ Other

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

If you do not complete ALL of this section, your accident will be considered unsolved and your driving privileges may be suspended. You must list the insurance company that provided liability coverage for the vehicle you were driving. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.

DRIVER'S NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX
Chevalier, Jeanette K. (Unoccupied)	CHEVAJK387BP	WA	Jan. 17, 1962	F

DRIVER'S ADDRESS: 22 Davison St. — CITY: Underwood — STATE: WA — ZIP CODE: 98651 — ☐ IF ADDRESS CHANGE

VEHICLE OWNER'S NAME AND ADDRESS ☐ SAME: William J. Chevalier + Jeanette — CITY: Underwood — STATE: WA — ZIP CODE: 98651

INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS: Insure Quest — STATE: WA

POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL
AP 0000 8455	2B4FH41J1JR534078	210 DJI	WA		88 Dodge Dynasty

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)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX
Cohen, Ken	ODL 4759542			M

DRIVER'S ADDRESS: ____ CITY: ____ STATE: ____ ZIP CODE: ____

VEHICLE OWNER'S NAME AND ADDRESS ☐ SAME: Skamania 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	STATE	YEAR	MAKE & MODEL
		191946	WA		GMC

IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, ATTACH A SUPPLEMENTAL REPORT.

DESCRIBE WHAT HAPPENED:

Driver's Skamania County Vehicle Ken's work phone is (509) 427-9478 [redacted] When he was pulling into park, parelle park, he hit my front driverside. I was parked at the time and at Vancoma book Store when it happened and the lady's told me what had happened I was in front of Antique and Hood River Stationary Store when this happened.

0911'01045

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

SIGNATURE OF PERSON MAKING REPORT: X Jeanette K. Chevalier — DATE SIGNED: Sept. 11, 2001

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 22 Davison City Underwood Phone 509 493-3120

Make Plymouth Year 88 Serial No. Body Style Voyager Style No.

Mileage License No. 2V2 DST Paint No. Trim No. Insurance Co. Insure Quest

RE PAIR	RE PLACE	ESTIMATE OF REPAIR COSTS	PAINT TIME	LABOR HRS.	PARTS	SUBLET
	✓	Left Front bumper end	5	3	30 25	
		" " " bracket		1 0	30 60	
		left side marker light		4	25 10	
✓		Left fender		2 0		
	✓	Fender emb. V6 EFI			17 10	
		Repaint damage	2 0			
		Aim head lights		5		
		Tint & blend	1 0			
		clear coat	1 0			
		restrip fender		5	7 25	
		TOTAL				

REMARKS

9.2 HRS. OF LABOR AT $ 38 PER HR. $ 349 60

PARTS $ 112 50

PAINT MATERIALS $ 70 00

SUB TOTAL $ 532 50

SALES TAX $ 37 27

ESTIMATE TOTAL $ 569 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. 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 _____

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

Make of Car	Year	Model	License #	VIN
Plymouth	88	Voyager		

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

Thank you Kody.

ESTIMATE ☐ WORK ORDER ☐ SUPPLEMENT ☐

Insurance Company
Phone Number
Fax Number
Claim #
Adjuster

PAYMENT RECEIVED	Date	Amount	Cash	Check #

LABOR RATE 40 \ HR.

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

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: _____

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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 STRIP			0.5*			
REPL	L	MARKER LAMP	4321921	24.75	0.2			
REPR	L	*FENDER			1.5*	2.4		
		+CLRCOAT				1.0*		
		TINT & BLEND			1.5			
		*HAZARD WASTE DISPOSAL					T	5.00*
		*COVER CAR FOR PAINT			0.3		T	5.00*
		TOWING						
		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

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