

145481

FILED FOR RECORD  
SKA  
BY Skamania County  
Aug 5 10 14 AM '02  
P. Lawry  
J. MICHAEL GARVISON

RECEIVED

AUG -2 2002

SKAMANIA COUNTY  
AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

Insured	<input checked="" type="checkbox"/>
Co-insured	<input checked="" type="checkbox"/>
Policy No.	<input checked="" type="checkbox"/>
Policy	<input checked="" type="checkbox"/>
Policy	<input checked="" type="checkbox"/>

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

1. Name (including spouse if married): (Please Print)  
FRAN & HARVEY ROEDER
2. P.O. Box 192 CARSON WA 98610  
Address City State Zip
3. HM Phone: 427-5381 WK Phone: 427-4212 MSSG Phone: \_\_\_\_\_
4. Date and time of incident: 07-16-02 ABOUT 9:20 A.M.
5. Location of incident:  
HWY 14
6. Describe in narrative form and in detail exactly how the incident occurred:  
I WAS ON MY WAY INTO STEVENSON FOR AN APPT @ 9:30.  
I WAS ON HWY 14 - GOING WEST - NEAR AREA OF STEVENSON  
CEMETERY. A SKA. CO. DUMP TRUCK WAS GOING EAST. AS HE  
WENT BY ME A ROCK HIT THE WINDSHIELD OF OUR CAR &  
MADE A CHIP IN IT.
7. What is the amount of damages claimed arising out of the following circumstances  
(Include estimates and bills, if available): \$375.52 or 335.92

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

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

11. If a vehicle was involved in the incident, describe: Make TOYOTA  
Model CAMRY Year 1995 State WA License No. 507 GTO  
Insurance Company PEMCO Policy Number CA 0155214 IP 01

12. Describe what you did after the incident occurred: CONTINUED ON MY WAY

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. I CALLED THE COUNTY ROAD DEPT & LEFT MESSAGE WITH THE SUPERVISOR

14. How did you identify the County as the party responsible for your damage?  
I COULD TELL IT WAS THE COUNTY DUMP TRUCK.

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 19 DAY OF JULY, 2002

James R. Roeder  
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.

962 Wind River Highway, P.O. Box 1020 • Carson, WA 98610

**FAX: (509) 427-7974**

**Greg H. Wyninger**  
**(509) 427-8049**

Date 7-19-02

Mileage \_\_\_\_\_ License No. \_\_\_\_\_ Paint No. \_\_\_\_\_ Trim No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

[illegible]

GRAND TOTAL \$ \_\_\_\_\_

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 \_\_\_\_\_



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



Date 7-26-02  
Phone (day) 427-5381  
Other \_\_\_\_\_

[illegible]

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	12.00			
	Car Cover				
	Towing				

TOTAL	Sub Totals	174 <sup>00</sup>	140 <sup>00</sup>
			314 <sup>00</sup>
	Sales Tax		21 <sup>98</sup>
	Total		335 <sup>98</sup>

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: \_\_\_\_\_

LABOR RATE 40 HR.