

145862

FILED  
SKAMANIA COUNTY  
J. MICHAEL RAYSON

SEP 9 4 18 PM '02

J. MICHAEL RAYSON

RECEIVED

SEP 9 2002

SKAMANIA COUNTY  
AUDITOR

## 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  
Stevensen, 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)

John C. Manning III

2. Address City State Zip

132 Oklahoma Rd

Calk

WA

98648

3. HM Phone: WK Phone: MSSG Phone:

4. Date and time of incident: Aug 28 02

5. Location of incident:

Stevenson WA Fair Parking lot By the  
Art Bldg - Stevenson Garage 121

6. Describe in narrative form and in detail exactly how the incident occurred:

I was parked at around incident.

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

Right Front Fender Right Light Parking Light

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

Jose Gall. told me about the accident.  
clay Maser.

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

right front bumper & fender damaged on  
my vehicle.

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

11. If a vehicle was involved in the incident, describe: Make toyota  
Model pick up Year 94 State WA License No. A14989I  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

12. Describe what you did after the incident occurred: phone Fair Board  
office. then drove over to the Fair board  
talk to Benson.

13. Describe the conversations you had, if any, with County personnel during or after  
the incident occurred. I drove over to Fair board office  
talk to Benson.

14. How did you identify the County as the party responsible for your damage?  
I was parked. Benson said he did it. Witnesses.

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 Sept DAY OF 8, 2002

John E. M...  
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 8-29-02  
Phone (day) ~~422~~  
Other: 509 538-2321

Make of Car			Year	Model	License #	VIN	Other
Toyota			84	P/A			301 520-222

  

Repair	Replace	Sublet	Description	Parts/Materials Sublet	Labor	Labor Hours
	X		Right Fender	98. <sup>00</sup>	80. <sup>00</sup>	20
	X		Side marker light	38. <sup>50</sup>	12. <sup>00</sup>	3
<p>Thank You Kathy</p>						

insurance Company
Phone Number
Fax Number
Claim #
Adjuster

PAYMENT RECEIVED	Date	Amount	Cash	Check #

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: \_\_\_\_\_

PAINT	Spot In/Complete			100. <sup>00</sup>	25
	2nd Color				
	Tint & Blend			40. <sup>00</sup>	1.0
	Clear Coat			40. <sup>00</sup>	1.0
	Paint Product	80. <sup>00</sup>			
MISC.	EPA	6. <sup>00</sup>			
	Shop Materials	15. <sup>00</sup>			
	Car Cover	5. <sup>00</sup>		8. <sup>00</sup>	2
	Towing				

TOTAL	Sub Totals		523. <sup>00</sup>	
	Sales Tax		36. <sup>61</sup>	
	Total		559. <sup>61</sup>	

LABOR RATE 40 HR.

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

FAX: (509) 427-7974

**Paul R. Penner**  
**(509) 427-8071**

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

Date 8.2.1-02

Name 5 Address 1000 City Rock Phone 520-2221  
Make Toronto Year 87 Serial No. \_\_\_\_\_ Body Style 4x4 pick Style No. \_\_\_\_\_  
Mileage \_\_\_\_\_ License No. \_\_\_\_\_ Paint No. \_\_\_\_\_ Trim No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

[illegible]

REMARKS

\$\_\_\_\_\_ 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 \_\_\_\_\_

45 HRS. OF LABOR AT \$ 40 PER HR. \$ 180 00

PARTS \$264.76

PAINT MATERIALS \$ 60 00

SUB TOTAL \$501.76

SALES TAX \$ 35 33

ESTIMATE TOTAL \$54009

ADVANCE CHARGES \$ \_\_\_\_\_

GRAND TOTAL \$