

148292



FILED  
MAR 9 4 37 PM '03  
Skamania County  
J. McNeil  
J. Lowry

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

1. Name (including spouse if married): (Please Print)  
Barbara A. Becker
2. 6010 S.W. 30th Apt. 4 Portland, OR 97239-1075  
Address City State Zip
3. HM Phone: 503-245-2748 WK Phone: 503-725-4127 MSSG Phone: --
4. Date and time of incident: approx. 3:30-4:30 pm
5. Location of incident:  
Rock Creek Park in Stevenson, WA where the ducks are and restrooms.
6. Describe in narrative form and in detail exactly how the incident occurred:  
I entered the park and as we drove out, I saw no barrier in my vision or my mother's. We have been there several times before. All of a sudden, the metal post entered the passenger's side through the windshield, it passed my mother, then I saw it coming past me, scraping the steering wheel and then broke into my window (driver's side). Luckily I was driving slowly.
7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): \$2448.45 (see attached) AAA said that you would pay for the tow, costing \$282.50 Mr. Johnson of AAA believes you are responsible.

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

I didn't get their names, but I am going to put a notice in your paper asking for help from the 3 men that were there when it happened.

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

My mother and I were not injured, but shook-up.

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

11. If a vehicle was involved in the incident, describe: Make Toyota  
Model Camry Year 1995 State OR License No. UMK 378  
Insurance Company State Farm Policy Number 186 1186-B27-37H

12. Describe what you did after the incident occurred: I turned off the car and put it in Park. My mother and I got out of the car and 3 men came over to us. They used their cell phone to call the police for me. The policeman took lots of photos and I took some myself as I had my camera. He was very nice and stayed with us.

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. The man from the County did not say a word to me or my mother. I heard a conversation between the policeman and the county man that we all could see that there were tire tracks going into the park where the

14. How did you identify the County as the party responsible for your damage? and no gate was  
1) the gate was not secured and there was no means of securing it. secured.  
2) the policeman said I should contact the county for the insurance

3) My car was very close to the left side of the road.  
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 26 DAY OF March, 2003

Barbara A. Barber  
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.

APR-02-2003 WED 10:44 AM ARTISTIC AUTO BODY

FAX NO. 5035987661

P. 01/03

04/02/2003 at 10:41 AM  
50360

Job Number: 2770

ARTISTIC AUTO BODY, INC.  
License #: 93-1080335  
"Where every job is a work of art!"  
7585 S.W. Hunziker St.  
Tigard, OR 97223  
(503) 639-9200 Fax: (503) 598-7661

**PRIOR DAMAGE ESTIMATE**  
(Information Only)

Written by: BRAD WHITE #  
Adjuster:

Insured: BARBARA BECKER  
Owner: BARBARA BECKER  
Address: 6010 SW 30TH # 4  
PORTLAND, OR 97223  
Day: (503) 725-4127  
Evening: (503) 245-2748

Claim #  
Policy #  
Deductible:  
Date of Loss:  
Type of Loss:  
Point of Impact: 28. Glass

Inspect ARTISTIC AUTO BODY, INC.  
Location: 7585 S.W. Hunziker St.  
Tigard, OR 97223

Business: (503) 639-9200

Insurance CUSTOMER PAY  
Company:

4 Days to Repair

1995 TOYO CAMRY LE 4-2.2L-FI 4D SED GREEN Int:  
VIN: JT2SK12E3S0327652 Lic: UMK 378 OR Prod Date: 06/1995 Odometer: 128446  
Air Conditioning Rear Defogger Tilt Wheel  
Cruise Control Intermittent Wipers Tinted Glass  
Body Side Moldings Dual Mirrors Clear Coat Paint  
Power Steering Power Brakes Power Windows  
Power Locks Power Antenna Power Mirrors  
Driver Air Bag Passenger Air Bag Cloth Seats  
Bucket Seats Recline/Lounge Seats

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2	R&I	R&I bumper assy				1.5	
3		FRONT LAMPS					
4	R&I	RT Park lamp US built				0.2	
5	R&I	LT Park lamp US built				0.2	
6		HOOD					
7*	Rpr	Hood STRIP FOR GLASS CHIPS				2.0	3.0
8		Add for Clear Coat					1.2
9		FENDER					



02-2003 WED 10:44 AM

04/02/2003 at 10:41 AM  
50360

PRIOR DAMAGE ESTIMATE  
1995 TOYO CAMRY LE 4-2.2L-FI 4D SED GREEN Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
10*	Rpr	LT Fender FOR GLASS CHIPS			1.0	2.3
11		Overlap Major Adj. Panel				-0.4
12		Add for Clear Coat				0.4
13*	Rpr	RT Fender			4.0	2.3
14		Overlap Major Adj. Panel				-0.4
15		Add for Clear Coat				0.4
16	R&I	RT Upper molding all US built			0.3	
17	R&I	LT Upper molding all US built			0.3	
18	R&I	RT Mud guard			0.3	
19	R&I	LT Mud guard			0.3	
20		WINDSHIELD				
21**	Repl	A/M Glass tinted Toyota LE, XLE	1	281.25	Incl.	
22*	Repl	Upper molding black w/o SE	1	35.87	Incl.	
23	Repl	RT Side molding chrome	1	42.58	Incl.	
24	R&I	RT Nozzle			0.2	
25	R&I	LT Nozzle			0.2	
26		INSTRUMENT PANEL				
27	R&I	Instrument panel			6.0 M	
28		FRONT DOOR				
29*	Rpr	RT Door shell US built			2.5	2.2
30		Overlap Major Adj. Panel				-0.4
31		Add for Clear Coat				0.4
32		Add for Edging				0.5
33	R&I	RT Belt w'strip DX, LE, XLE			0.3	
34	Repl	RT Belt w'strip clip front	1	0.94		
35	Repl	RT Belt w'strip clip center	1	0.94		
36	Repl	RT Belt w'strip clip rear	1	0.69		
37	R&I	RT Window molding upper			0.4	
38	R&I	RT Side molding upper all			0.3	
39	R&I	RT Mirror LE & XLE Japan built			0.6	
40	R&I	RT Handle, outside DX, LE & SE			0.5	
41	R&I	R&I trim panel			0.4	
42	Repl	LT Glass tinted Toyota	1	86.88	0.5	
43	R&I	R&I trim panel			0.4	
44		CLEAN UP BROKEN GLASS	1		1.5	
45		COVER CAR	1	10.00 X	0.5	
46		COLOR TINT	1			0.5
47		OTHER CHARGES				
48		E.P.C.	1	5.00		
Subtotals ==>				464.15	24.4	12.0

02-2003 WED 10:45 AM ARTISTIC AUTO BODY

FAX NO. 5035987681

P. 03/03

04/02/2003 at 10:41 AM  
50360

Job Number: 2770

**PRIOR DAMAGE ESTIMATE**

1995 TOYO CAMRY LE 4-2.2L-FI 4D SED GREEN Int:

Parts		449.15
Body Labor	18.4 hrs @ \$ 42.00/hr	772.80
Paint Labor	12.0 hrs @ \$ 42.00/hr	504.00
Mechanical Labor	6.0 hrs @ \$ 64.00/hr	384.00
Paint Supplies	12.0 hrs @ \$ 23.00/hr	276.00
Body Supplies	9.5 hrs @ \$ 5.00/hr	47.50
Sublet/Misc.		10.00
Other Charges		5.00
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SUBTOTAL		\$ 2448.45
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GRAND TOTAL		\$ 2448.45

"An insurer shall not require that a particular person make the repairs to the insured's motor vehicle as a condition for recovery by the insured under a motor vehicle liability insurance policy." ORS 746.280

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF A MOTOR VEHICLE CRASH PART NOT MADE BY THE ORIGINAL EQUIPMENT MANUFACTURER. THE USE OF A MOTOR VEHICLE CRASH PART NOT MADE BY THE ORIGINAL EQUIPMENT MANUFACTURER MAY INVALIDATE ANY REMAINING WARRANTIES OF THE ORIGINAL EQUIPMENT MANUFACTURER ON THAT MOTOR VEHICLE. THE PERSON WHO PREPARED THIS ESTIMATE WILL PROVIDE A COPY OF THE PART WARRANTY FOR CRASH PARTS NOT MADE BY THE ORIGINAL EQUIPMENT MANUFACTURER FOR COMPARISON PURPOSES.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARN8498 Database Date 1/2003 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AM or Qual Repl Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

Pathways - A product of CCC Information Services Inc.

Tollfree: (509) 427-5094 No  
(877) 406-7561

— 24-HOUR TOWING —

### Bob's Welding & Auto Repair, Inc.

91 Barnes Road • P.O. Box 132 • Carson, Washington 98610

Phone (509) 427-5094 No 14867

Time Out 4:45 PM Time In \_\_\_\_\_ Date 3-22-03  
Name Barbara Ann Becker 503-245-2748  
Address 6010 SW 30th Ave  
City Portland State OR Zip 97221  
Make & Year 95 Toyota Authorized By SCSO  
VIN No JT2521230327658 No Link 379  
Towed From R. C. Stevenson to R. O. Portland  
Bill To: DL # 2113427 Dr  
Address 6011 0096 5251 7645  
City 12/04 State \_\_\_\_\_ Zip \_\_\_\_\_  
☐ Roll Back ☐ Dolly ☐ Winching Recovery ☒ Front Tow  
☐ Rear Tow Keys ☒ Yes ☐ No

TRUCK NUMBER	DRIVER NAME	TOW MILEAGE	
5709-1	Bob C.		
DESCRIPTION		PRICE	AMOUNT
2 1/2 Hours Towing		118.00	282.50
Hours Extra Man Name			
After-Hour Gate Fee			
Hours Second Tow			
Days Storage			
APR # 8318786-00			
Exp 2-15-04			
AUTHORIZED TO TOW BY:		Tax	0.00
Barbara A. Becker		Total	282.50

KEEP THIS SLIP FOR REFERENCE