148711

Skamania County

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Pokuwry

J. MICH. 1804

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

		2019
CLAIM	IANT: THIS CLAIM MUST BE FILED WITH THE	FOR OFFICE USE ONLY:
	SKAMANIA COUNTY CLERK OF THE BOARD Skamania County Auditor's Office	CLAIM NO.
	Skamania County Courthouse 240 North West Vancouver Avenue, Room 27	DATE FILED:
	Stevenson, WA 98648	COPIES TO:
FORM	MAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.	ATTACHMENTS: YES(#) NO
1.	Name (including spouse if married): (Please Print - KIMBECLY HASSELL	(Craig Procacio Husbard Per Duct defn)
2.	Lot Notson Creek/Po Box1077 Stev Address City	
		State Zip
3.	HM Phone: 421.8578 WK Phone:	MSSG Phone:
4.	Date and time of incident: 5-5-03	8:15 Am
5.	Location of incident:	
. 1	corner of School St	& Grooper
D.	1	
6.	Describe in narrative form and in detail exactly ho	w the incident occurred:
- 1	I WAS STOPPED AT A STOP SID	is believed a Caucale him
40	Which was Also Stopped on SC While I was Stopped the b	hool st at Grooper
F	nood & right ender of m.	1 Vehicle.

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

8.	Please list name and address of any and all witnesses or persons involved: (Please Print)
	PAtty Latiner (driver of Cookstus)
	Colleen GARWOOD (school bus driver)
	(offeen GARWOOD (School bus driver) LAURA Hossell (passenger) Kimberly HASSELL (Driver
9.	Describe the damages or injuries you sustained as a result of the incident:
	Sce estimates AHAched
· 10.	Was incident investigated by a police officer? Sheriff V State Patrol City
11.	If a vahiola was involved to the tast and the same and th
110	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: drove to Senior
	CENTER OF PATTY TO 12000 CT 100 COLOR
	her boss
13.	Describe the conversations you had, if any, with County personnel during or after
	THE INCHESH OCCUPED IN TACK MALLS AND A SECOND ASSESSMENT OF THE SECOND
	The change she said to ment her at the
	the clamage she said to ment her at the Senior Center because she had kids to DICK
14.	How did you identify the County as the party responsible for your damage?
	Dathy Said Sha Sha party responsible for your damage?
	Patty said She was with the County
I cert	tify under penalty of perjury under the laws of the State of Washington that the
infor	mation contained in this claim is true and correct.
DAT	ED THIS 5th DAY OF May, 2003
-	
- 1	
- 1	
	Mussely Hassell
, d	Claimant's Signature
- 4	
File Na	ne: 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.

Job Number:

KADEL'S AUTO BODY GRESHAM Federal ID #:911833935 Lifetime Guarantee Since 1954 2132 SE 3rd Street Gresham, OR 97080-8099 (503) 669-1159 Fax: (503) 674-8037

PRELIMINARY ESTIMATE

Written by: Daryl Dyer # Adjuster:

Insured:

Owner: Kim Hassell

Address: PO. Box 1077

Stevenson, WA 98648

Day: (509)427-8578

Claim # Policy #

Daductible:

Date of Loss: 05/05/2003

Type of Loss: Liability Point of Impact: 12. Front

Inspect KADEL'S AUTO BODY GRESHAM

Location: 2132 SE 3rd Street

Gresham, OR 97080-8099

Business: (503) 669-1159

Insurance Company:

Days to Repair

1996 HOND ACCORD EX 4-2.2L-FI 4D SED White Int:

VIN: 1HGCD5569TA187914 Lie: 302 JTD

Air Conditioning

Cruise Control Tinted Glass

Electric Glass Sunroof

Power Brakes Power Mirrors

Stereo

Anti-Lock Brakes (4) 4 Wheel Disc Brakes Recline/Lounge Seats

Aluminum/Alloy Wheels

Rear Defogger Intermittent Wipers Body Side Moldings

Clear Coat Paint Power Windows AM Radio

Cassette Driver Air Bag Leather Seats

5 Speed Transmission

WA Prod Date: 04/1996 Odometer: 124463

Tilt Wheel

Steering Wheel Controls

Dual Mirrors Power Steering Power Locks FM Radio Search/Seek Passenger Air Bag Bucket Seats

Overdrive

Job Number:

PRELIMINARY ESTIMATE

1996 HOND ACCORD EX 4-2.2L-FI 4D SED White Int:

					·	
NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1#		**ADDITIONAL DAMAGE OPEN**	1	0.00	0.0	0.0
2‡	Repl	Color - NH-538-3	1	0.00	0.0	0.0
3	-	FRONT BUMPER		-		
4	R&I	R&I front bumper	0	0.00	1.0	0.0
5		FRONT LAMPS			ъ.	
6	R&I	RT Marker lamp	0	0.00	0.3	0.0
7	R&I	LT Marker lamp	0	0.00	0.3	0.0
8		HOOD			6 '	P
9	Repl	Hood	1	357.00	1.3	3.0
10		Add for Clear Coat	0	0.00	0.0	1.2
11		Add for Underside(Complete)	0	0.00	0.0	1.5
12		Add for Clear Coat	0	0.00	0.0	0.3
13	Repl	Lock w/o SE	1	35.67	0.7	0.0
14		INFORMATION LABELS				
15		Rpl information labels	0	0.00	0.3	0.0
16	Repl	Air bag label under hood	1	4.22	Incl.	0.0
17	Repl	Battery label	1	3.06	Inci.	0.0
18	Repl	Info label coolant	1	4.22	Incl.	0.0
19#	Repl	Emmissions label, federal	1	9.25	Incl.	0.0
20		FENDER		- 44		-
21	Repl	RT Fender	1	175.10	2.2	2.0
22		Overlap Major Adj. Panel	0	0.00	0.0	-0.4
23		Add for Clear Coat	0	0.00	0.0	0.3
24	h	Add for Edging	0	0.00	0.0	0.5
25		Add for Clear Coat	0	0.00	0.0	0.1
26	-	Deduct for Overlap	0	0.00	-0.5	0.0
27	Blnd	LT Fender	0	0.00	0.0	1.0
28	R&I	RT Body side mldg EX white	0	0.00	0.1	0.0
29	R&I	LT Body side mldg EX white	0	0.00	0.1	0.0
30*	R&I	RT Mud guard	0	0.00	0.3	0.0
31*	R&I	LT Mud guard	0	0.00	0.3	0.0
32#	Rpr	Wet Sand & Buff	0	0.00	0.5	0.0
33#		Cover Car From Overspray	1	19.00	0.0	0.0
34#	Subl	Hazardous Waste Disposal	1	5.00	0.0	0.0

Job Number:

PRELIMINARY ESTIMATE

1996 HOND ACCORD EX 4-2.2L-FI 4D SED White Int:

NO.	OF.	DESCRIPTION	QTY EXT. PRIC	E LABOR	PAINT
35#	Tint		1 0.00	0.0	0.5
		Subtotals ==>	612.52	6.9	10.0
		Parts iy laker iaint Labor Paint Supplies Body Supplies	6.9 hrs @ \$ 10.0 hrs @ \$ 10.0 hrs @ \$ 0.5 hrs @ \$	42.00/hr 23.75/hr	
		SUBTOTAL	1	\$	5 1563.07
		GRAND TOTAL		 \$	1563.07

THIS ESTIMATE IS BEING PREPARED FOR YOU BASED ON A VISUAL INSPECTION OF YOUR VEHICLE. SOMETIMES, ONCE THE WORK HAS BEGUN, ADDITIONAL WORN OR DAMAGED PARTS ARE UNCOVERED. THIS ESTIMATE DOES NOT COVER SUCH CONTINGENCIES. PARTS PRICES ARE BASED ON INVOICE LIST. ALL MONIES MUST BE PAID PRIOR TO VEHICLE RELEASE.

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 POLICY. ORS 746.280

Job Number:

PRELIMINARY ESTIMATE

1996 HOND ACCORD EX 4-2.2L-FI 4D SED White Int:

Estimate based on MOTOR CRASH ESTIMATING CUIDE. Unless otherwise noted all'items are derived from the Guide ARG4424 Database Date 3/2003 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 Recore. Record parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (*) items indicate manual entries.

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5/07/2003 at 03:12 PM 3878

Job Number:

HANNAH COLLISION CENTER Federal ID #:910296290 HANNAH COLLISION CENTER 3517 NE Auto Mall Drive PO Box 1679 Vancouver, WA 98668 (800)541-3088 Fax: (360)256~2608

PRELIMINARY ESTIMATE

Written by: Magin Black # Adjuster:

Insured:

Owner: KIMBERLY HASSELL

Address: PO BOX 1077 STEVENSON, WA 98648

Other: (509) 427-8578

Claim # Policy #

Deductible: Date of Loss: Type of Loss: Point of Impact:

Inspect HANNAH COLLISION CENTER Location: 3517 NE Auto Mall Drive

PO Box 1679

Vancouver, WA 98668

Business: (360)256-5000

Insurance Company:

Days to Repair

1996 HOND ACCORD EX 4-2.2L-FI 4D SED WHITE Int: VIN: 1HGCD5569TA187914 Lic: WA Prod

Air Conditioning

Truise Control
Hody Side Moldings

lear Coat Paint Fower Windows Anti-Lock Brakes (4) 4 Wheel Disc Brakes

Recline/Lounge Seats

Rear Defogger Intermittent Wipers **Dual Mirrors** Power Steering Power Locks

Driver Air Bag Leather Seats Aluminum/Alloy Wheels

WA Prod Date: 04/1996 Odometer: 124575 r Tilt Wheel Tinted Glass

Electric Glass Sunroof Power Brakes Power Mirrors Passenger Air Bag

Bucket Seats

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		INFORMATION LABELS				
2		Rpl information labels	0	0.00	0.3	0.0
3	Repl	Air bag label under hood	1	4.22	Incl.	0.0
4	Repl	Battery label	1	3.06	Incl.	0.0
5	Repl	Info label coolant	1	4.22	Incl.	0.0
6	Repl	AC label	1	1.63	Incl.	0.0
7		FRONT BUMPER				
8	R&I	R&I front bumper	.0	0.00	1.0	0.0
9	Repl	License frame	1	33.23	0.4	0.0
10		GRILLE				
11	R&I	Grille	0	0.00	0.5	0.0
12		FRONT LAMPS				

25/07/2003 at 03:12 PM 23878

Job Number:

PRELIMINARY ESTIMATE

1996 HOND ACCORD EX 4-2.2L-FI 4D SED WHITE Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
13	R&I	R&I headlamp assy one side	0	0.00	0.5	0.0
14	R&I	R&I headlamp assy one side	0	0.00	0.5	0.0
15		HOOD			460	
16	Repl	Hood	1	357.00	1.3	3.0
17		Add for Clear Coat	0	0.00	0.0	1.2
18		Add for Underside (Complete)	0	0.00	0.0	1.5
19	Repl	Emblem	1	14.73	0.2	0.0
20	_	FENDER		- 1		- 40
21	Repl	RT Fender	1	175.10	2.2	2.0
22		Overlap Major Adj. Panel	0 🔳	0.00	0.0	-0.4
23		Add for Clear Coat	0	0.00	0.0	0.3
24		Add for Edging	0	0.00	0.0	0.5
25		Deduct for Overlap	0	0.00	-0.5	0.0
26	R&I	RT Body side mldg EX white	0	0.00	0.1	0.0
27*	R&I	RT Fender liner	0	0.00	Incl.	0.0
28*	Rpr	RT Apron panel	0	0.00 s		0.5
29	-	Add for Clear Coat	0	0.00	$\overline{0.0}$	0.1
30	Blnd	LT Fender	0	0.00	0.0	1.0
31	R&I	LT Body side mldg EX héather	0	0.00	0.1	0.0
		mist	- 1			1
32		FRONT DOOR				- 1
33	Blnd	RT Door shell 4 door US built	0	0.00	0.0	1.0
34	R&I	RT Fillar molding	0	0.00	0.3	0.0
35	R&I	RT Belt molding 4 door EX, LE	0	0.00	0.3	0.0
		& SE				
36	R&I	RT Mirror assy US built	0	0.00	0.5	0.0
37	R&I	RT Handle, cutside LX, EX & SE	0	0.00	0.4	0.0
38	R&I	R&I trim panel	0	0.00	0.3	0.0
39#	Rpr	Tint Color	0	0.00	0.5	0.0
40#	عالم	***** SEE NOTES	1	0.00	0.0	0.0
1	T	Subtotals ==>	di.	593.19	10.9	10.7

Estimate Notes:

ESTIMATE IS OPEN UNTIL COMPLETE TEARDOWN. WILL BE MORE DAMAGE ON APRON AND PROBABLE HIDDEN DAMAGES UNDER HOOD. BUS BACKED OVER VEHICLE. CUSTOMER STATES THAT THERE IS NOW A VIBRATION WHEN DRIVING THE VEHCILE.

MAY ALSO BE DAMAGE TO FRT BUMPER

:5/07/2003 at 03:12 PM

Job Number:

PRELIMINARY ESTIMATE

1996 HOND ACCORD EX 4-2.2L-FI 4D SED WHITE Int:

Parts Body Labor Paint Labor Paint Supplies	593.19 10.9 hrs @ \$ 45.00/hr 490.50 10.7 hrs @ \$ 45.00/hr 481.50 10.7 hrs @ \$ 25.00/hr 267.50
SUBTOTAL Sales Tax	\$ 1832.69 @ 7.7000% 141.12
GRAND TOTAL	\$ 1973.81
ADJUSTMENTS: Deductible	0.00
CUSTOMER PAY INSURANCE PAY	\$ 0.00 \$ 1973.81

This is a visual estimate only and not a guaranteed bid. Any additional damage noted after disassembly may result in additional parts and/or labor charges. All parts are subject to invoice.

the Guide ARG4424 Database Date 3/2003 and the parts selected are OEM-parts manufactured by the biles Original Equipment Manufacturer. Asterisk (*) or Couble 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 AN: Qual Repl Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned latts are described as Recone. Recored parts are described as Recore. NAGS Part Numbers and Prices ite provided from National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

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•		•
SKA	MANIA COUNTY ACCIDENT/INCIDENT REPORT	-
EMPLOYEEWOLUNT	IEED OTÄTEMENT	
EMPLOYEE/VOLUNT	IEER STATEMENT	•
Name: toth	latimer 100 THO: Driver Dept Senior S	
Time of Accident: 8	15 Am Dale of Accident: 5-5-03	<u>CO</u>
Location of Accident:	Corner of School St. Kanaka Rol	- 1
Name of Person this accide	entincident was reported to: Darlene 1 Dickson/Deb	ilancan
Time Reported:	30 Name of Witness (es): College Garwood	
Check if applicable to accid	dent/incident:	
Accidental Injury	Occupational Mness Property Damage Motorvehicle Workplace Viole	
Status: Employee	Volunteer Visitor Equipment 64	nce Z
Posted speed		
Complete Description of wh	hat the person was doing just before the incident occurred:	
		<u> </u>
·····		————
Was another vehicle involve	ed? Klyes I No	-
Complete description of dan		. 0
302JTD -	Kim classel	
Describe Assistant In Data II.		
left, right, back or front - par	: (If equipment accident, attach a detailed sketch)/ If injury describe (1)	
left, right, back or front-par When I head	i (Neoutoment accident, attach a detailed sketch) (Ninjury describe in the contract of body injury) (200 30 peal con Corne Duy) (201 contract of the Corne Duy)	2
loth right, back or front-par When I head When ked my	i (Neautoment accident, attach a detailed sketch) (Ninjury describe i) III et of body injurely: Lisa 3 ppeal con Corne Liza Coller Couldn't make turn an Murran cura Out in Jury so	\$ \$ \$ \$
which back or front-per Which I head Checked my Cooked agus	Meantoment accident attach a delation steletik K injury describe in it is survived to the contract of the cont	Ç 9
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What might be done to pre	All equipment accident, attach a detailed sketch X II injury describe in the control of the cont	\$ QQ
What might be done to pre Whom did you see? I available, would you be will EMPLOYEE SIGNATURE:	Ill equipment accident, attach a detailed sketch) Il injury describe Attach a detailed sketch a d	
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What might be done to pro Whom did you see? If available, would you be will EMPLOYEE SIGNATURE: State of Washington WAC 2: eport to their supervisor, of equires this form to be returned.	Date and time you sought medical attention Hospital/Office This form in the duty work during your recovery? Decedon to Sample of the second time to second time time time time time time time time	
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