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DEC 15 2003

SKAMANIA COUNTY
AUDITOR

Skamania County
Dec 15 9 33 AM '03
P. Lowry
J. M. H. H. H.

Exp. 12/15/03
Address 11/15/03
Date 11/15/03
City 11/15/03
State 11/15/03
Zip 11/15/03

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) Verizon/CMR
2. PO BOX 60770 OKC OK 73146
Address City State Zip
3. HM Phone: 800-321-4158 x12006 WK Phone: 800-415-7584 MSSG Phone: _____
4. Date and time of incident: 10-8-03
5. Location of incident:
21 Skamania Mines Road, Wapinitia, WA
6. Describe in narrative form and in detail exactly how the incident occurred:
Road crew was placing culvert + cut 85 pr cable.
7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): \$ 210.27

WAPR 0324/09

8. Please list name and address of any and all witnesses or persons involved:
(Please Print) N. Brown (360) 834-5759
9. Describe the damages or injuries you sustained as a result of the incident: N/A
10. Was incident investigated by a police officer? Sheriff _____ State Patrol _____
NO City _____
11. If a vehicle was involved in the incident, describe: Make N/A
Model _____ Year _____ State _____ License No. _____
Insurance Company _____ Policy Number _____
12. Describe what you did after the incident occurred: Repair Damaged
Car
13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. UNKNOWN
14. How did you identify the County as the party responsible for your damage?
SEE ATTACHED REPORT

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 10th DAY OF December, 2003

Steven Lloyd Perry
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.

Plant Recovery Report
Form 900028-48 (4/98)

WAPR032489

Tracking #

Practice 117-600-005

Distribution: Original - Claim Center (WAO105CL) Copy - Local Dept File

1. CRITICAL INFORMATION : 11-03-03

Dept/Operating Unit NATIONAL OPERATIONS	State WA	Location Code # 3020	Work Order # 083020
Budget/Work Center # SBRO	Company Code # 1020	Date of Damage 10-8-03	Date Work Complete 10-8-03
Location of Damage (Specific Address, Road / Street, Mile Post, Intersection, Tract / Lot #) 71 SKAMANIA MINES ROAD		City WASNOUGAL	
		State WA	

2. COACH/SUPERVISOR TO CONTACT FOR QUESTIONS CONCERNING DAMAGE

Name A. BROWN	Address and Mail Code 2407 NE 3RD CAMAS WA	Telephone # 834-5759
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3. DAMAGE TO FACILITIES - ☒ Subsurface ☐ Aerial ☐ Drop Wire ☐ Other:

* NOTE: If "Subsurface" was a cable locate requested? ☒ YES ☐ NO - If YES, Request #: Request date:

Describe What was Damaged, How and Work Being Performed: ROAD CREW PLACING CULVERT
CUT 25 PAIR CABLE

4. RECOMMEND BILLING? ☒ YES ☐ NO - If No, Why?

5. DAMAGE BY VEHICLE

Name and Address of Agency Responding (Police, Fire Dept, Etc.)		Report # (Attach Report if Available)
Driver's Name	Address	City / State
Registered Owners Name if Different	Address	City / State
Insurance Company Name and Address		Policy #

6. DAMAGE BY EXCAVATION

Person who Damaged Facility SKAMANIA COUNTY	Address ROAD CREW	City / State STEVENSON WA	Zip 99154	Telephone # 509 427 944R
Name of Contractor / Property Owner UNKNOWN	Address	City / State	Zip	Telephone #

7. LABOR

Employee Name	Labor Group #	Budget / Work Center #	Hours Worked					Account Code #
			Date	From	To	Reg	OT	
G. CONRAD	201	SBRO	10-8-03	11:00	1530	4.5		642310
C.M.R.								
NOV 05 2003								
PLACED FOR COLLECTION								
P.O. BOX 60685								
OKLAHOMA CITY, OK 73146								
1-800-421-2153								

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OCT 21 2003

REGIONAL CLAIMS
ADMINISTRATOR

CONTINUED ON REVERSE SIDE

Page 1

SENT TO CLAIMS

OCT 22 2003

REGIONAL CLAIMS
ADMINISTRATOR

Tracking #

8. MATERIAL PLACED

Material Code #	Description	Acc Code #	Qty
	NONE		

Material Code #	Description	Acc Code #	Qty

9. MATERIAL REMOVED

Material Code #	Description	Acc Code #	Qty

Material Code #	Description	Acc Code #	Qty

10. OTHER AMOUNTS TO BE BILLED

Name of Contractor(s)	Dollar Amount		Account Code #	Budget/Work Center #	Description (Attach Copy of Costed Invoice)
	Estimate	Actual			

11. JOINT POLE (AS APPLICABLE)

Name of Other Co	Pole Size Replaced	Pole Size Rmvd	Pole #	New Pole Furnished By	Transported by	Damage Replaced By
				<input type="checkbox"/> GTE <input type="checkbox"/> Other	<input type="checkbox"/> GTE <input type="checkbox"/> Other	<input type="checkbox"/> GTE <input type="checkbox"/> Other

12. SKETCH OR DIAGRAM

Sketch or Diagram (include lead and pedestal #)

If in city, house # and street, or intersection, or street and distance to nearest intersection.

If in rural area, address or name of road and distance to nearest road or town.

A
N**13. Attach Additional Comments/Information. Provide photographs, explain extraordinary repair costs, etc.**



INVOICE

November 11, 2003

WAPR032489
CUSTOMER ADDRESS :
SKAMANIA COUNTY COUNTY COMM
PO BOX 790
STEVENSON, WA 98648

REMIT PAYMENT TO :
Verizon
P.O. Box 6058
INGLEWOOD, CA 90312-6055

MAIL CORRESPONDENCE TO:
CMR CLAIMS DEPT.
P.O. Box 60770
Okla City, OK 73146

INQUIRY NUMBER : (800) 615-8485

CUST REFERENCE:	VERIZON REF #:	INVOICE	AMOUNT DUE:
3020-	WAPR032489	10301900104283	\$ 310.27

DESCRIPTION:

COST FOR REPAIR AND/OR REPLACEMENT OF FACILITIES DAMAGED
ON 10/08/2003 WHEN VERIZON FACILITIES WERE DAMAGED
25 PR CB CUT@.71 SKAMANIA MINES RD WASHOUGAL, WA,

LABOR HOURS	\$	237.10
VEHICLE EXPENSE	\$	25.02
SUPERVISORY EXPENSE	\$	24.44
MINOR MATERIALS	\$	23.71

TOTAL INVOICE AMOUNT * * * \$ 310.27

TOTAL AMOUNT DUE * * * \$ 310.27

PLEASE REMIT THIS STUB WITH YOUR PAYMENT

SKAMANIA COUNTY COUNTY COMM
PO BOX 790
STEVENSON, WA 98648

PAYMENT DUE UPON RECEIPT

AMOUNT DUE:
\$ 310.27

November 11, 2003
INVOICE : 10301900104283
CUST REF : 3020-
VERIZON # : WAPR032489

VERIZON
P. O. Box 6058
INGLEWOOD, CA 90312-6055

AMOUNT PAID:

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