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Skamania County

DEC 21 12:00 PM '03

AMOSER

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DEC 24 2003

SKAMANIA COUNTY
AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: <u>THIS CLAIM MUST BE FILED WITH THE</u> 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: _____ ATTACHMENTS: YES (<input type="checkbox"/>) NO (<input type="checkbox"/>)
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NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

1. Name (including spouse if married): (Please Print)
Sherree E. Thomas
2. P.O. Box 545 Stevenson WA 98648
Address City State Zip
3. Cell 509
HM Phone: 261-0988 WK Phone: _____ MSSG Phone: 509-261-0782
4. Date and time of incident: 10:20 AM 12-24-03
5. Location of incident:
Corner just before you get to the entrance of
the N. Bonaville Dam going West Bound.
6. Describe in narrative form and in detail exactly how the incident occurred:
I was driving two car lengths behind the County
truck & all of a sudden I heard a loud thud I asked
my boyfriend Andy what was that & he said it
was a rock hitting the windshield he showed me
where it hit & I tried to get the guy in the truck
to pull over but he wouldn't until I pulled up next to ->
7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): 1. estimate #184.04
or \$442.72

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

Andy Willing and the two guys
P.O. Box 545 In County Truck
Steven Son, WA 98648

9. Describe the damages or injuries you sustained as a result of the incident:
NONE TO US AT ALL

10. Was incident investigated by a police officer? Sheriff NO State Patrol NO
City NO

11. If a vehicle was involved in the incident, describe: Make Honda
Model Prelude 1980 Year 1985 State WA License No. 922 KPA
Insurance Company Omni Policy Number AJ57399401
Columbia Agencies

12. Describe what you did after the incident occurred: When to the County
Shop asked them what to do, they sent us to
the auto parts officer we got these paper we then
went & got two estimates for the window & turned
in papers

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. Very rude would not give
their names asked if we should call Co
Sheriff & clear this matter up & call Co. Shop because
they don't know how to go about this matter

14. How did you identify the County as the party responsible for your damage?
they were wearing their Co clothes & driving a Co
Reidhlie & the only one around at time of
damage

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 24 DAY OF December, 2003

Sherree E. Thomas
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.

cont:

- 6) him honking & Andy said pull over
he finally pulled over at North Bonville
Store that's where he was rude to
Andy, he would not give us his name
& said go to the County Shop because
this happens all the time, & we could
get their names off the time clock/timestreet.

Vehicle Description

White Ford 4 350

#103

X
M
T
wash plate 63173C

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

PHONE: DAYS (509) 427-8737

FAX: (509) 427-7974

OWNERS:

Paul R. Penner
(509) 427-8071

Greg H. Wynliger
(509) 427-8049/

Name SHERCE THOMAS Address PO BOX 545 City ST AUGUSTINE Phone 407-261-0888
Make LEONARD Year 85 Serial No. _____ Body Style _____ Style No. _____
Mileage RELOD License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

RE PAIR	RE PLACE	ESTIMATE OF REPAIR COSTS	PAINT TIME	LABOR HRS.	PARTS	SUBLET
✓		WINDSHIELD LIST - 522.90 - 40%		20	313.74	
<p>STILL \$442.72 PAUL</p>						
TOTAL						

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 _____

2.0 HRS. OF LABOR AT \$	40.00	PER HR. \$	80	00
PARTS	\$	313	74	
MATERIALS	\$	20	00	
SUB TOTAL	\$	413	74	
SALES TAX	\$	28	98	
ESTIMATE TOTAL	\$	442	72	
ADVANCE CHARGES	\$			
GRAND TOTAL	\$			

Sam's AUTO BODY
Stevenson WA
Vancouver WA



Date 12-24-83
Phone (day) 427
Other 509-261-0958

Make of Car	Year	Model	License #	VIN	Other
HONDA	85	PRELUDE			507-261 0955

[illegible]

ESTIMATE ☐ WORK ORDER ☐ SUPPLEMENT ☐

Insurance Company
Phone Number
Fax Number
Claim #
Adjuster

PAYMENT RECEIVED	Date	Amount	Cash	Check #

PAINT	Spot In/Complete								
	2nd Color								
	Tint & Blend								
	Clear Coat								
	Paint Product								
MISC.	EPA								
	Shop Materials								
	Car Cover								
	Towing								

TOTAL	Sub Totals	112	66
			172 ⁰⁰
	Sales Tax		12 ⁰⁹
	Total		184 ⁰⁹

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.