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Skamania County
G. L. W. W. W.
J. L. W. W. W.

RECEIVED

JAN 14 2004

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
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)

Kevin Lueders

2. 221 High Bridge Rd Carson WA 98610
Address City State Zip

3. HM Phone: 4278011 WK Phone: Cell 5414903858
MSG Phone: 5414903858

4. Date and time of incident: 01/07/04 10:00am

5. Location of incident:

Intersection of Metzger & Wind River Hwy
across from Rakestraw

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

I pulled up to the stop sign @ Metzger
and the plow went by and threw a rock,
which hit my windshield & cracked it

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

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

Kevin J. Lueders

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

Cracked windshield

10. Was incident investigated by a police officer? Sheriff N/A State Patrol N/A
City N/A

11. If a vehicle was involved in the incident, describe: Make Toyota
Model Tacoma Year 2001 State WA License No. 1A7677N
Insurance Company Encompass Policy Number US 26297681

12. Describe what you did after the incident occurred: Attempted to stop
snow plow, was unable to do so. Went to speak
with Larry Douglass

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. Mr. Douglass instructed me about
the claims process

14. How did you identify the County as the party responsible for your damage?
It was a county plow that threw the rock off
the blade

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 13 DAY OF January, 2004

[Signature]
Claimant's Signature

File Name: 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.

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. Wynlger
(509) 427-8049

Date 11/09

Name LEVIN LUEVEL Address 10 BOX 22 City MASON Phone 407-8011
Make TRACOMIT Year 2001 Serial No. _____ Body Style TRUCK Style No. _____
Mileage 100 License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

[illegible]

REMARKS

35 HRS. OF LABOR AT \$ 40.00 PER HR. \$ 140.00

PARTS \$320 94

PAINT MATERIALS \$ 20 00

SUB TOTAL \$ 450 94

SALES TAX \$ 33.66

ESTIMATE TOTAL \$ 514 60

ADVANCE CHARGES \$

GRAND TOTAL \$

By: _____ THIS WORK AUTHORIZED BY _____

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.