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FILED
JAN 22 4 15 PM '04
Skamania County
J. W. [unclear]
[unclear]

RECEIVED

JAN 22 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: _____

ATTACHMENTS: YES(☐) NO ☐

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)

Michael A. Bielek

2.

411 Ashley Drive Underwood, WA 98651
Address City State Zip

3.

HM Phone: _____ WK Phone: _____ MSSG Phone: 509-493-4952 or
(Ken Lucas)
Cell # 509-490-4422

4.

Date and time of incident: Dec. 29 of Monday AT AROUND 6221
FROM 12:00pm between 2:00pm

5.

Location of incident: I Live in Underwood and Street is 411
Ashley Drive

6.

Describe in narrative form and in detail exactly how the incident occurred:
LAST Dec. 29 of Monday AT AROUND 12:00pm
between 2:00 pm THAT I WAS STAYED AT MY HOME
AND HEAVY SNOWING AND THEN A FLOW TRUCK HIT ON
MY RIGHT REAR.

7.

What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): Right 1/4 REAR
BUMPER COVER

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

NONE

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

Right Rear 1/4 Rear bumper lower

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

11. If a vehicle was involved in the incident, describe: Make Ford
Model Crown Victoria Year 94 State WA License No. 577 RHD
Insurance Company Farmers Policy Number 7916331-32-77

12. Describe what you did after the incident occurred:

I WAS STAYED AT HOME ALL DAY ON DEC. 29, 03
6 PM AND FOUND OUT THAT SOMEONE WHO
WORKED AS PLow TRUCK AND HIT IT

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred.

NONE

14. How did you identify the County as the party responsible for your damage?

DURING I WAS OUTSIDE AND FEED MY DOG
AND SAW PLow TRUCKS SWEEPING ON TOP OF THE SNOW
ON THE STREET WHERE MY CAR PARKED AT...

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 23 DAY OF JANUARY, 2004

Michael A. Bolk
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.

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. Wyninger
(509) 427-8049

Date 1-20-04

Name Michael Bickel Address 111 N. 1st St. City Waterford Phone _____
Make Ford Year 94 Serial No. _____ Body Style _____ Style No. _____
Mileage _____ License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

TOTAL

REMARKS

11 HRS. OF LABOR AT \$ 40 PER HR. \$ 440.00

PARTS \$

PAINT MATERIALS	\$ 130.00
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SUB TOTAL \$ 570.00

SALES TAX \$ 35.90

ESTIMATE TOTAL \$60,70

ADVANCE CHARGES \$

GRAND TOTAL \$

\$_____ 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 _____