

## 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)

Richard Allen

2. 484 NW Maple Way / PO Box 557 Stevenson, WA 98648  
Address City State Zip

3. HM Phone: 427-8887 WK Phone: \_\_\_\_\_ MSSG Phone: \_\_\_\_\_

4. Date and time of incident: June 30, 2004 , 1:40 PM

5. Location of incident:  
Hwy 14, West bound on Nelson  
Creek Straights.

6. Describe in narrative form and in detail exactly how the incident occurred:  
I was traveling West on Hwy 14 from Home Valley  
when a dump truck merged in front of me at  
the Carson / Wind River Hwy junction. On the straights  
before Nelson Creek corner, a rock coming from the truck  
hit and cracked my wind shield, lodging itself between the  
wind shield wiper and front hood.
7. What is the amount of damages claimed arising out of the following circumstances  
(Include estimates and bills, if available): \$214.00 - Sam's Auto,  
\$446.69 - Scenic Auto Body

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

Andrew Ogle

North Bonneville, WA 98639

9. Describe the damages or injuries you sustained as a result of the incident: None

A cracked front windshield.

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

11. If a vehicle was involved in the incident, describe: Make Ford  
Model Escort LX Year 1995 State WA License No. 759PJY  
Insurance Company USAA Policy Number 4504077C71011

12. Describe what you did after the incident occurred: I speed up on the straights so my passenger could read and take down the license and the truck number. I went home and removed the rock which was covered in tar and inspected the new cracked windshield.

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. I called the county road number but got a recording, so I went to the court house and was told to fill out this report form.

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

The rock came from a county truck with the number 114 on it, and license # 16487C.

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<sup>th</sup> DAY OF July, 2004

Richard Allen  
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

**FAX: (509) 427-7974**

**Greg H. Wyninger**  
**(509) 427,8049**

Date 10/27

Mileage \_\_\_\_\_ License No. \_\_\_\_\_ Paint No. \_\_\_\_\_ Trim No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

DOC # 2004153744  
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GRAND TOTAL \$

By: \_\_\_\_\_ THIS WORK AUTHORIZED BY \_\_\_\_\_

**Sam's AUTO BODY**  
Stevenson WA  
Vancouver WA



Date 7-13-04  
Phone (day) \_\_\_\_\_  
Other \_\_\_\_\_

|                      |             |                  |           |     |
|----------------------|-------------|------------------|-----------|-----|
| Make of Car<br>Ford. | Year<br>95. | Model<br>Escort. | License # | VIN |
|----------------------|-------------|------------------|-----------|-----|

| Repair                         | Replace | Sublet | Description | Parts/Materials<br>Sublet | Labor             | Labor<br>Hours |
|--------------------------------|---------|--------|-------------|---------------------------|-------------------|----------------|
|                                | X       |        | windshield. | 110. <sup>00</sup>        | 80. <sup>00</sup> | 2.0            |
| <p>Thank<br/>you<br/>Kody.</p> |         |        |             |                           |                   |                |

ESTIMATE ☐ WORK ORDER ☐ SUPPLEMENT ☐

|                   |
|-------------------|
| Insurance Company |
| Phone Number      |
| Fax Number        |
| Claim #           |
| Adjuster          |

| PAYMENT<br>RECEIVED | Date | Amount | Cash | Check # |
|---------------------|------|--------|------|---------|
|                     |      |        |      |         |
|                     |      |        |      |         |
|                     |      |        |      |         |
|                     |      |        |      |         |

|       |                    |       |  |  |  |
|-------|--------------------|-------|--|--|--|
| PAINT | Spot In / Complete |       |  |  |  |
|       | 2nd Color          |       |  |  |  |
|       | Tint & Blend       |       |  |  |  |
|       | Clear Coat         |       |  |  |  |
|       | Paint Product      |       |  |  |  |
| MISC. | EPA                |       |  |  |  |
|       | Shop Materials     | 10.00 |  |  |  |
|       | Car Cover          |       |  |  |  |
|       | Towing             |       |  |  |  |

|       |            |  |  |                    |  |
|-------|------------|--|--|--------------------|--|
| TOTAL | Sub Totals |  |  | 200. <sup>00</sup> |  |
|       | Sales Tax  |  |  | 14. <sup>00</sup>  |  |
|       | Total      |  |  | 214. <sup>00</sup> |  |

Work authorized by: \_\_\_\_\_

| LABOR RATE | HR. |
|------------|-----|
|------------|-----|