

RECEIVED

NOV 23 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)

DAVID E. CASSIDY MANDE CASSIDY

2. 104 SANDWOOD Dr CASTLE ROCK WA 98611  
Address City State Zip

3. HM Phone: 360 2740809 WK Phone: 360 560 0681 MSSG Phone: SAME

4. Date and time of incident: \_\_\_\_\_

5. Location of incident:

NATIONAL Forest 9300 Rd.

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

Left Truck and camper on forest service rd 9300 for camping  
during hunting season, had to return to work for a  
week and a half. I had took all my camping stuff  
and loaded in back so it would not get stolen.  
Talked to forest service, was in all legal right.

7. What is the amount of damages claimed arising out of the following circumstances  
(Include estimates and bills, if available): 1027.05 for Bill

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

Mandy Cassidy  
104 Sandwood Dr. Castle Rock WA 98611

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

my truck got towed.

10. Was incident investigated by a police officer? Sheriff ? State Patrol \_\_\_\_\_  
City \_\_\_\_\_

11. If a vehicle was involved in the incident, describe: Make \_\_\_\_\_  
Model \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ License No. \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

12. Describe what you did after the incident occurred: contacted insurance Co.  
Sheriff's office

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. trying to figure out why my truck  
got towed.

14. How did you identify the County as the party responsible for your damage?  
Chief Bond gave me #

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 NOV., 20 04

[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.

Reddi Towing, Inc.

1265

1492 Metzger Rd.  
PO Box 403  
Carson, WA 98610  
(509) 427-8111

DOC # 2004155354  
Page 3 of 3

Date 11/8/04 Time out 2:30 Time in 6:15 PM

Name David Cassidy

Address PO Box 16

City Vader State WA Zip 98593

Year 1973 Make Podge Model P/V

VIN W24BF35141516 License No. A384706 WA

Towed to Impound Lot Keys Yes No X

Located at Forest Service Road 930 N. 8

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

☐ Dolly ☐ Winching ☐ Front Tow

☐ Rear Tow ☒ Roll Back Class ☒ A ☐ B

Driver Larry Truck Number 5396

Description	Unit	Unit Price	Amount
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Hours Second Tow			
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After-Hours Gate Fee			
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		Subtotal	
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Authorized By <u>SCSO</u>		Total	<u>\$1027.05</u>
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REDDI TOWING INC  
1492 METZGER RD  
CARSON WA 98610  
509-427-8111

COPY  
11/23/2004 11:56:48  
Sale:

Transaction # 1  
Card Type: USA  
Acc: \*\*\*\*\*2023  
Entry: Swiped  
Invoice # 34  
Total: 1027.05

Reference No.: 32800001  
Auth. Code: 035320  
Response: CAPTURE 035320

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