



Doc # 2005156709
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 Date: 03/24/2005 03:16P
 Filed by: SKAMANIA COUNTY
 Filed & Recorded in Official Records
 of SKAMANIA COUNTY
 J. MICHAEL GARVISON
 AUDITOR
 Fee: \$0.00

RECEIVED

MAR 24 2005

 SKAMANIA COUNTY
 SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

VERIZON Claim # WAPR 043214

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

- Name (including spouse if married): (Please Print)
VERIZON BY CMR, T.P.A.
- 615 N CLASSEN OKC OK 73106
 Address City State Zip
- HM Phone: same WK Phone: 800-321-4158 MSSG Phone: EX 8331
- Date and time of incident: 3/31/04 1:45p.m.
- Location of incident:
10 LABARRE RD, WASHOUGAL RIVER ROAD,
WASHOUGAL RIVER, WA.
- Describe in narrative form and in detail exactly how the incident occurred:
VERIZON TELEPHONE LINE WAS
DAMAGED WITH SAW CUTTER WHILE
COUNTY WORKING ON CULVERT.
LINE WAS ACCURATELY LOCATED. DONE BY SKAMANIA COUNTY ROAD DEPT.
- What is the amount of damages claimed arising out of the following circumstances
 (Include estimates and bills, if available): \$ 118.23

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

Phil Baker - Verizon Foreman - 503-667-1622 - Can test for
to damage and requirements of repair

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

VERIZON 25 PAIR TELEPHONE CABLE
DAMAGED - Cost to repair (see invoice)

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

NO

11. If a vehicle was involved in the incident, describe: Make _____ N/A _____
Model _____ Year _____ State _____ License No. _____
Insurance Company _____ Policy Number _____

12. Describe what you did after the incident occurred:

REPAIRED CABLE FOR FUTURE USE,
NOTIFIED LOCATOR

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

UNKNOWN

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

SKAMANIA COUNTY, EMPLOYEES DOING WORK
ROAD DEPT., LOCATOR AND LOCATOR TICKET

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 18th DAY OF JAN, 2005

Stevens Lloyd Perry
Claimant's Signature
Stevens Lloyd Perry

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.

SENT TO CLAIMS

NOV 29 2004

REGIONAL CLAIMS
ADMINISTRATOR

WAPR043214

CMD Print

DEC 16 2004



Send To Printer

Report Of Property Damage To Outside Plant

Dashboard | Property Damage Report

<input checked="" type="checkbox"/> Final (Information Complete)		<input type="checkbox"/> Preliminary (Information not Complete)	
Notify Claims Immediately if damage is greater than \$25,000 or when a fatality is involved. Enter date and time claims was notified: Time:			
State where damage occurred: WA			
SECTION A GENERAL INFORMATION		CWO/4P#: 3020-4P001BB	
JRA: NY- NE Only: / PLT.LOC(West):	Claim #: WAPR043214	TT # (ALL DAMAGES MUST HAVE A CWO/4P#):	
Person completing RPD: Philip A Baker	Title: FIELD FOREMAN	Telephone #: 503-667-1622	Pager / Cell Phone #: 503-301-8167
Name of initial Verizon employee(s) on scene: Tim Stecher		Name of employee's team leader: Philip A Baker	
Verizon contractor involved with our repair? No		If Yes please give name:	
Supply company and foreman's name:			
Date of damage: 03/31/2004	Date discovered: 03/31/2004	Time: 01:45 PM	Central Office name: 3020-WASHOUGAL RIVER
Tax district (NJ, MA only):		Sector # (NJ only):	
Location of damage: .10 Labarre Rd		Cross street: Washougal River Rd	
Map grid: not on TG	County: SKAMANIA	City / Municipality: WASHOUGAL RIVER	
Name of person(s) causing damage:		Damager's role: <input type="checkbox"/> Auto driver <input type="checkbox"/> Auto owner <input type="checkbox"/> Equip. driver <input type="checkbox"/> Other: OKLAHOMA CITY, OK 73146	
Address:		City:	State: Zip: Country:
Telephone #:		Operator drivers license # (& State): Tag / License plate (& State):	
Name of vehicle owner:		Address: City: State:	
Auto make:	Auto model:	Year:	Insurance company: Insurance co. policy #:
Employer of person causing damage: Skamania County Rd Dept		Type of equipment: Saw cutter Telephone #: 509-427-9448	
Address: PO Box 790		City: Stevenson	State: WA Zip Code: 98648
What was damager doing when damage was committed? Engineering required. Need to have OSP contractor place 2-peds and 50ft of conduit. .10 Labarre Rd. Skamania county working on culvert.			
IMPORTANT: Based on your observation, who should be billed? Skamania County			
SECTION B WITNESS(ES)			
Were pictures taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Before damage (Date(s)/ Time):	After damage (Date(s)/ time): Name of person taking pictures:
Name	Address	City/Municipality	State Zip Telephone

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Municipal authority involvement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Specific dept. of the municipal auth: Skamania County Rd Dept		Telephone #: 509-427-9448
Address: PO Box 790	City/Municipality: Stevenson	State: WA	Zip: 98648	
Name of police dept.:		Report/Case #:	Officer ID #:	
Was police detail required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Important: Did you provide central office personnel and contractor with the CWO/4P# for all T&M charges? Contractor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Central office <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SECTION C POLE DAMAGE

Verizon pole(s) #:	Power co. pole(s) #:	Name of electric power co.:		
Size of old/new pole:		Class of old/new pole:		
Condition of pole as a result of accident:		Associated plant transferred/moved:		
Telco work: <input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Other:		Transfer (Include # of items):		Total hours to date:
CATV Work: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Transferred CATV reimbursement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Permits required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION D FMC/CMS/SUPPORT CENTER

Reimbursable engineer: Mary Cote		Telephone #: 425-710-0916	Fax #: 425-710-7502
CWO/4P# 3020-4P001BB			

SECTION E CABLE DAMAGE

Cable Type: <input type="checkbox"/> Aerial cable <input type="checkbox"/> U.G. cable <input checked="" type="checkbox"/> Buried cable <input type="checkbox"/> Conduit <input type="checkbox"/> Other:		Depth/Height of cable:	
Cable type and size: 25/24	Conduit damage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Specific conduit damage (Describe):	
Number of cable pairs / fiber damaged (Indicate if sheath damage only): 25			
Replacement cable(s), type & Size: 25/24	Footage placed:	Interoffice facilities: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Describe:
Description of repairs & other materials used (e.g. terminals, type):			
Were permanent repairs completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:		Right of way:
Did the person/company responsible for the damage call One-Call for location of underground facilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Verizon location ticket #: W4049151
Was route of cable/conduit marked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Were the marks correct? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		How were location of facilities marked? <input checked="" type="checkbox"/> Paint <input checked="" type="checkbox"/> Signs <input type="checkbox"/> Flags <input type="checkbox"/> Other:	
How far from the marked route did damage occur?		How were the markouts measured?	
Locator company name: VZ NBSWG		Name of person responsible for locating: B5978	
One call locating ticket #: 4049151	Date when locator was dispatched: 03/04/2004	Was locator notified of damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Discussion of comments concerning the marking / locating process:
Investigation report included.

How was Verizon notified of damage?

Draw sketch and describe accident:

 **Send To Printer**

Unofficial Copy

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Mary L. Bartholomew

08/25/2004 07:29 AM

To: Phil A. Baker/EMPL/OR/Verizon@VZNotes
cc: Vickie K. Jones/EMPL/OR/Verizon@VZNotes
Subject: 3020 4P001BB

He took his time 1 hr earlier than what you had.

RDMS55AW CMD: _____ DATE: 08/25/04
ADJUST _____ TIME: 09:27
VERIZON - STAR INTERFACE SCREEN

EMP SSN EMPLOYEE NAME DATE WKD COMPANY LGP CID JBAL BAL REL E
██████████ STECHER T 033104 9 W N 201 70 Y Y P N
4/10 WKCOCD ALT ORG ALT LGP SCH HRS FUNC HRS RPT HRS RVD TAS NO
_____ 8.00 7.50 8.00 N 033106034070
WKORDNO SVCORD CUSTNO NPA NXX LINE REM LOCA E/C
4P001BB 0300000331 3020 1
DRIVER TRG/ONL ACCT WKPROD BID START STOP DRCOMPL STDY EXJCC ORG CDE
66 5499 R 1345 1445 Y 11GZ

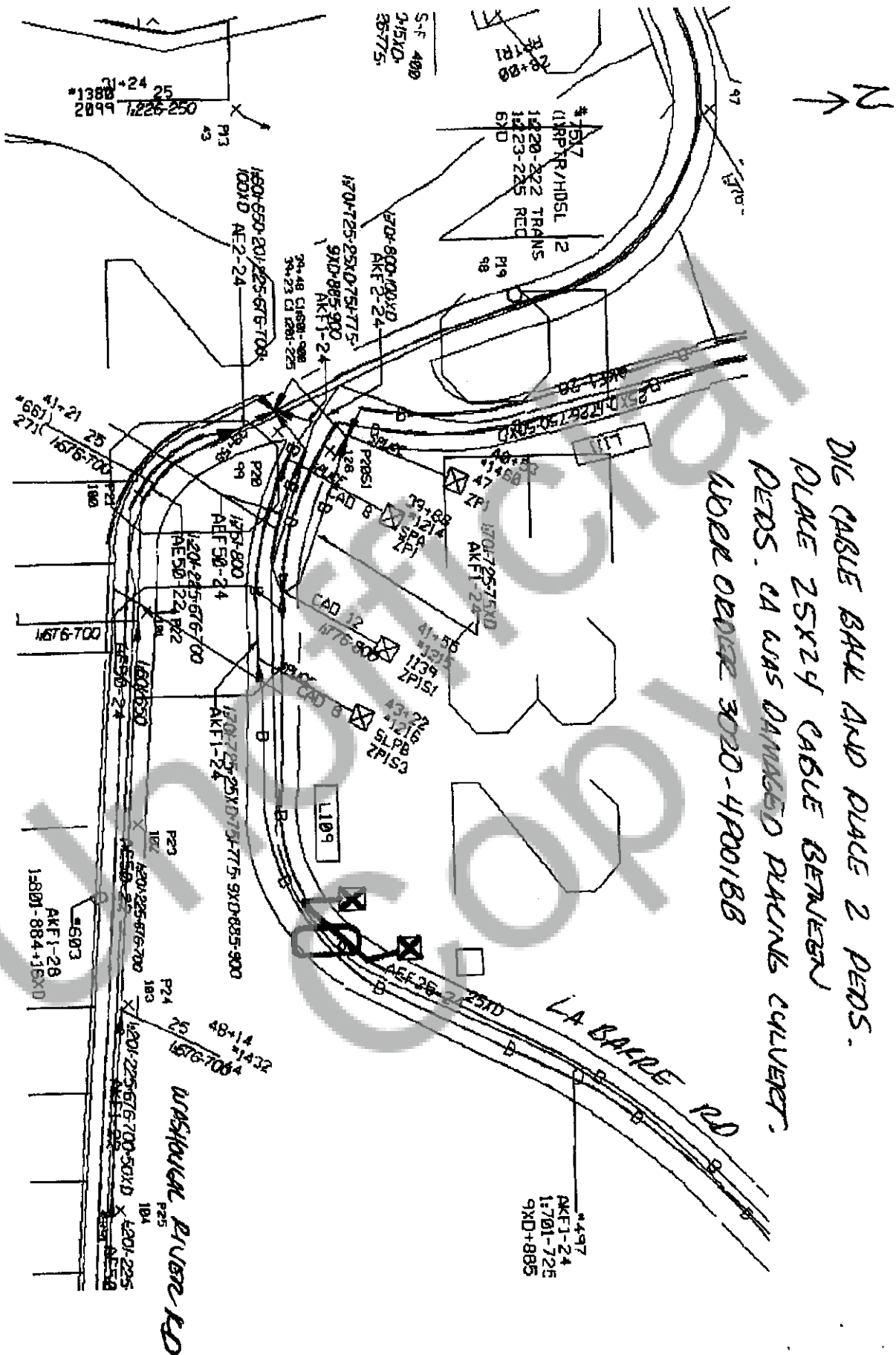
A FUNC	ACCT	HR/MIN	A FUNC	ACCT	HR/MIN
5201	642310	1.00			.00
		.00			.00
		.00			.00
		.00			.00

CONTROL DATE UPDATED 040104

ADD ANOTHER JOB _ ADD PAYROLL FOR JOB _ NO _ UPDATED BY 467944395
REMARKS: _____

Mary Bartholomew
Customer Operations
Analytical Assistant
503 629-2681

DIG CABLE BACK AND PLACE 2 PEDS.
PLACE 25X24 CABLE BETWEEN
PEDS. CA WAS DAMAGED PLACING CABLET.
WORK DONE 3020-4PM/BB



NW NBSWG CUT CABLE INVESTIGATION		
NBSWG Locate # W4049151		Type of Locate Locate ▼
One Call Locate # 4049151	Tech Clearing # B5978	Date Cleared 3/4/2004
Date of Cut 3/31/2004	Cable Size 25 Pair	Status N/A ▼
Location of Damage Labarre Rd & Washougal River Rd	City Washougal	State WA ▼
Damager Information Skamania County Road Dept 509-427-9448		
Route Marked Yes ▼	Marks Accurate Yes ▼	Facilities Marked By Paint & Flags ▼
Investigation 2 cables were located 1 abandon and 1 live. The abandon cable was damaged but was well marked. Verizon is repairing cable for future use.		
Pictures Taken No ▼	Taken By	Facilities In Fieldview Yes ▼
Notified of Damage Yes ▼	Date Notified 3/31/2004	Notified Via text Page
Locate Request		

Labarre Rd & Washougal River Rd.TXT
MOD# 052-105-007.18 TAS-TROUBLE REPORT HISTORY-CIRCUIT COMPANY DETECTED
SVC: MSG INFORMATION HIST ACTION: TSP
CKT: W4049151 SEG: CKL: DAC: 1000 CO: WSHG R/C: A
ORIGINATED BY: OTH EMP OOS: N SUS OS: N CPNI: N PORT: N TSP: SP:
NAME: SKAMANIA COUNTY ROAD DEPT. PRI: 72 BU:
ADRS: LABARRE ROAD SVB/CLD:
CITY: WASHOUGAL RPT BY: DEBBIE CAZ CBR#: (509)427-9448 SSSC:
TBL RPTD: NEAREST INTERSECTING STREET: WASHOUGAL RIVER R OTH LOC: U SV OF:
OAD - (NEAREST INTERSECTING STREET: WASHOUGAL RIVER ROAD) (*SEE RMKS CAC: N
ACCESS:
TEST RESULTS:

TBL FOUND:
REMARKS:
RESTORE TO: TIME/DAT: 0000A 0000 USE CD: B/A #: RMKS
DISP: EXCL SUB CODE: LOCATE REQUEST-DROP/CABLE CREDIT TO CO: WSHG
CAUSE: SUB CODE: COMMON FAULT: N
RPTD TIME/DAT: 0939A 0303 ASGN TO: B5978 WORK GROUP: 4 CUST NOTIFIED: N
COMM TIME/DAT: 0812A 0305 APPT TIME/DAT: 0000A 0000 CAT: MKT SEG:
DISP TIME/DAT: 0637A 0304 START TIME/DAT: 0000A 0000 STOP TIME/DAT: 0000A 0000
CLRD TIME/DAT: 0637A 0304 START TIME/DAT: 0000A 0000 STOP TIME/DAT: 0000A 0000
CLR WK LOC: AWLC DUP CLR: N NONREG: Y SP MEAS: SER #: 030305999377 IWMP: N

4-@ 1 Sess-2 138.83.176.147 EZBSIMLU 2/76
MOD# 052-105-007.12 TAS - REMARKS SCREEN ACTION: TSP
CKT# W4049151 SEG: CKL: STATUS: HIST
NAME: SKAMANIA COUNTY ROAD DEPT. CBR#: (509)427-9448
ADRS: LABARRE ROAD
ENTER ADDITIONAL REMARKS BELOW:
REMARKS UPDATED BY EMP#: T4FTAS4 DAC: 2000 09:40A 03/03/04
NEAREST INTERSECTING STREET: WASHOUGAL RIVER ROAD - (NEAREST INTERSECTING STREE
T: WASHOUGAL RIVER ROAD) (WORK TYPE: REPLACE CULVERT) (TWP: 3N RNG5E
SECT-Q32: TWP: 2N RNG: 5E SECT-QTR: 32) (LOCATIONS: SITE IS APX 500FT
N FROM INTER AT MILE POST .10 . MARK : AREA MARKED IN WHITE.) (TICKET REMARKS:
; CALLER'S TRSQ OVERHEAD LINES: N) (509)427-9448 (ALT CONTACT: LARRY DOUGL
AS PHONE: CONTACT FAX :)

REMARKS UPDATED BY EMP#: AWASRPR DAC: 1000 06:01P 03/04/04
D-20040304
T-B5978
17:53PM 03/04 B5978
MARKED 2 MAINS

REMARKS UPDATED BY EMP#: G031275 DAC: 2000 11:39A 03/31/04

LAST
4-@ 1 Sess-2 138.83.176.147 EZBSIMLU 21/2

VERIZON COMMUNICATIONS
VSP BILLING
EXPLANATION OF CHARGES

BILLED TO: SKAMANIA COUNTY
BILL NUMBER: WA4HP11BB1204
COPY TO:
DATE OF DAMAGE: 03/31/2004
BILL DATE: 12/22/2004
WORK ORDER NUMBER: N11 3020 4P001BB GEO/JURIS/SUB: WWA
DAMAGE CLAIM NUMBER: WAPR043214
INSURANCE CLAIM NUMBER:

LABOR & ENGINEERING COSTS:

HOURS EXPENDED BY TECHNICIANS AND/OR ENGINEERS DIRECTLY INVOLVED IN THIS WORK EFFORT AND COSTS FOR MANAGERIAL, TECHNICAL, AND CLERICAL PERSONNEL WHO PROVIDE ADMINISTRATIVE SUPPORT TO THE LABOR AND ENGINEERING STAFFS. ALSO INCLUDES COSTS FOR EQUIPMENT, COMPUTERS AND OFFICE SITES USED BY VERIZON PERSONNEL.
LISTED BELOW ARE THE AVERAGE HOURLY RATES FOR PERSONNEL INVOLVED IN THIS WORK

LABOR COSTS:

1.00 HOUR(S) @	\$80.9400 PER HOUR TO REPAIR/REARRANGE	\$80.94
TOTAL LABOR COSTS:		\$80.94
TOTAL LABOR HOUR(S):		1.00

MOTOR VEHICLE COSTS:

COST OF TRANSPORTING EMPLOYEES, SUPPLIES, TOOLS AND OTHER WORK EQUIPMENT TO AND FROM WORK SITE.
ALSO INCLUDES RUNNING EXPENSES (FUEL, OIL, TIRES) AND IS BASED UPON REPORTED LABOR HOURS.

1.00 HOUR(S) @	\$6.1900 PER HOUR OF VEHICLE USAGE	\$6.19
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ADMINISTRATIVE COST	\$	31.10
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TOTAL BILL	\$	118.23
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verizon

BILLING STATEMENT

Mail Correspondence to:
CMR Claims Department
PO Box 60770
Oklahoma City, OK 73146

Billing Date: 12/22/2004
Bill Number: WA4HP11BB1204
Bill Type: DCG
Work Order: N11 3020

Questions? Call: (800) 321-4158

DESCRIPTION OF DAMAGE:
BC-10 LABARRE RD. WASHOUGAL RVR RD
WASHOUGAL RIVER

WA

Damage Claim Number: WAPR043214
Damage Date: 03/31/2004

Charge Description	Hours	Amount
LABOR	1.00	\$ 80.94
ADMINISTRATIVE COST		\$ 31.10
MOTOR VEHICLE COSTS		\$ 6.19

Total Amount Due Upon Receipt \$ 118.23

Please write the bill number on your check. Mail bottom stub with your payment to address below.

In the event your check for payment of your Verizon Communications bill is returned by your bank for insufficient or uncollected funds, Verizon may resubmit your check electronically to your bank for payment from your checking account.

verizon

SPECIAL PROJECTS BILLING

SKAMANIA COUNTY

PO BOX 790
STEVENSON, WA 98648

Claim Number WAPR043214
Bill Number WA4HP11BB1204
Total Amount Due \$ 118.23
Please Pay Upon Receipt

\$

Verizon
P.O.Box 1096
Cockeysville, MD 21030-6096

513WA4HP11BB1204DC6212220049000000000001182322

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