Doc # 2005157186
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Date: 05/04/2005 03:48P
Filed by: SKAMANIA COUNTY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

RECEIVED
MAY - 4 2005

BKAMANIA COUNTY
AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT:	THIS CLAIM MUST BE FILED WITH THE	FOR OFFICE USE ONLY:
	SKAMANIA COUNTY CLERK OF THE BOARD Skamania County Auditor's Office Skamania County Courthouse 240 North West Vancouver Avenue, Room 27 Stevenson, WA 98648	CLAIM NO DATE FILED: COPIES TO:
NO DAMAGE FORM IS CO	ES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS MPLETE. THIS PROVISION CANNOT BE WAIVED.	ATTACHMENTS: YES(#) NO
1. Nar	ne (including spouse if married): (Please Print)	
2.	P.O. Box 68 Stevenson City	, UNA 98648 Zip
3. HM	S 538 WK Phone: 509 427-	MSSG Phone:
4. Date	e and time of incident: <u>Between</u> Don	1 pm 3/2/00
5. Loc	ation of incident: Hwy 14 1m. front of the	Courthouse
6. Desc	ribe in narrative form and in detail exactly how the Broke the passenger x of my fan when Bla was mown g the Core	rde window
	at is the amount of damages claimed arising out of clude estimates and bills, if available):	

8.	Please list name and address of any and all witnesses or persons involved: (Please Print)
9.	Describe the damages or injuries you sustained as a result of the incident: The Passenger Ride Jundow of my 2002
	Mercury Congar was shatthed
10.	Was incident investigated by a police officer? Sheriff State Patrol City
11.	If a vehicle was involved in the incident, describe: Make Respect
	Model Cougar Year 2002 State A License No. 2/2 NBY Insurance Company Allstate Policy Number 917 462195 02/19
12.	Describe what you did after the incident occurred: Ofto, I described that the condow was broke I railed sheetly office, the already know. about it, went to auditors office for Claims form, went to commissioner office to pee if I could get full and finally spoke to the serson who Whad been mowing when the rock was thrown. He was helpful and van
13.	the incident occurred. we have opinion. At world have been found to the incident occurred.
14.	How did you identify the County as the party responsible for your damage?
k	
I cer info	tify under penalty of perjury under the laws of the State of Washington that the mation contained in this claim is true and correct.
DAT	TED THIS 4/1/ DAY OF May , 2005

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.

Job Number:

D & S FRAME & BODY, INC.

License #:48131 Federal ID #:930896185 "COLLISION REPAIR SPECIALISTS"

2755 W. CASCADE

HOOD RIVER, OR 97031 (541)386-4039 Fax: (541)387-4039

PRELIMINARY ESTIMATE

Written By: Adjuster:

Insured: PIT DIEHL

Owner: PAT DIEHL

Address:

Day: Evening:

_

Inspect Location:

Insurance Company:

Claim # Policy #

Deductible: Date of Loss:

Type of Loss: Point of Impact:

Prod Date:

Days to Repair

2002 MERC COJGAR 6-2.5L-FI 2D CPE Int:

VIN: 12WFT611925600964 Lig: Air Conditioning R

Cruise Control

Rear Window Viper

Dual Mirrors

Power Brakes Power Mirror:

Passenger Ai: Bag

Recline/Lounge Scats

Rear Defogger

Intermittent Wipers Theft Deterrent/Alarm

Clear Coat Paint Power Windows

Power Trunk/Tailgate

Cloth Seats

Aluminum/Alloy Wheels

Odometer:

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Tilt Wheel Keyless Entry

Body Side Moldings

Power Steering Power Locks

Driver Air Bag Bucket Seats

NO.	OP. DES	SCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1 2 3 4#	DOOR FET LT RET trim For CLEAN BROKEN	panel	1	187.	60	0.5 0.7 0.5	
		Subtotals ==>		187,	60	1.7	0.0

Parts						107 50
Body Labor	1.7	hre	а	ė	44.00/hr	187.60
					4.00/hr	74.80
		*				2.00

SUBTOTAL

264.40

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PRELIMINARY ESTIMATE

2002 MERC COUGAR 6-2.5L-FI 2D CPE Int:

	·		
GRAND TOTAL	\$	-	264.40
ADJUSTMENTS:			
Deductible			0.00
CUSTOMER PAY INSURANCE PAY	\$ \$		0.00

THIS IS AN ESTIMATE OF REPAIRS, SOMETIMES AFTER REPAIRS HAVE BEGUN ADDITIONAL DAMAGED ON FORM PARTS ARE DISCOVERED WHICH WERE NOT EVIDENT ON INITIAL INSPECTION. THIS DAMAGE REPORT DOES NOT COVER OR INCLUDE ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED. ALL PARTS PRICES ARE SUBJECT TO INVOICE.OUR INFORMATION SYSTEMS ARE UPDATED MONTHLY, AND PARTS PRICES MAY BE CHANGED BY THE MANUFACTURER AT ANY TIME.

I HEREBY AUTHORIZE D&S FRAME & BODY TO REPAIR MY VEHICLE ACCORDING TO THIS

X	
DATE//	

Estimate based in Motor Crash Estimating Guide. Unless otherwise noted all items are derived from the Guide Di Zic99 Database Date 04/2005, CCC Data Date 04/2005, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by Motor may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as IKQ, Qual Recy Parts, RCV, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part indicate manual entries. Some parts that are described as AM, Qual Repl Parts or Comp Repl Parts indicate manual entries. Some parts that are described as AM, Qual Repl Parts or Comp Repl Parts clarification please review the Suppliers List attached to this estimate, or consult the appraiser or estimator.

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