



Doc # 2005158071
Page 1 of 8
Date: 07/21/2005 04:06P
Filed by: SKAMANIA COUNTY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

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)

Lori & Peter Nelson

2. 131 Orchard Lane Underwood WA 98651
Address City State Zip

3. HM Phone: 509 493-3481 WK Phone: 541-387-6247 MSSG Phone: _____

4. Date and time of incident: 7/12/05 2:30 pm approx

5. Location of incident:
Acre Coffee - Hood River OR STATE STREET
IN FRONT OF COFFEE SHOP

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

I was in getting coffee. When I came out Nicole Hollatz
and 2 men were standing in front of my car. One man said
"I Hit your car." He backed into the front of my car.

7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): \$1486.80 OR \$1451.70

8. Please list name and address of any and all witnesses or persons involved:
(Please Print)
Nicole Hollatz - Skamania Cty. employee
9. Describe the damages or injuries you sustained as a result of the incident:
None
10. Was incident investigated by a police officer? Sheriff No State Patrol No
City No
11. If a vehicle was involved in the incident, describe: Make Honda
Model Accord Year 96 State WA License No. 836 SAI
Insurance Company Safe Co Policy Number _____
12. Describe what you did after the incident occurred: Nicole gave me her contact info and asked me to call her later that afternoon. She needed to check on policy.
13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. Nicole and the men with her said it was their fault and for me to call her later that day.
14. How did you identify the County as the party responsible for your damage?
They admitted (Nicole & 2 others) that they were responsible

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 14 DAY OF July, 2005

Lori A. Lidor
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.

07/13/2005 at 11:06 AM
45659

Job Number:

APPLE CITY AUTO BODY
Federal ID #:202078667
SERVING HOOD RIVER VALLEY FOR 35 YEARS
PO BOX 619
3250 BONNEVILLE DR
HOOD RIVER, OR 97031
(541)386-5522 Fax: (541)386-5075

PRELIMINARY ESTIMATE

Written By: FELIPE CASTANEDA
Adjuster:

Insured: LORI NELSON
Owner: LORI NELSON
Address:

Claim #
Policy #
Deductible:
Date of Loss:
Type of Loss:
Point of Impact: 12. Front

Other: (541)387-6247

Business: (541)386-5522

Inspect APPLE CITY AUTO BODY
Location: PO BOX 619
3250 BONNEVILLE DR
HOOD RIVER, OR 97031

Insurance
Company:

Days to Repair

1996 HOND ACCORD LX 4-2.2L-FI 4D SED RED Int:

VIN: 1HGCD5631TA290796 **Lic:**

Prod Date:

Odometer:

Air Conditioning
Cruise Control
Body Side Moldings
Power Steering
Power Locks
Passenger Air Bag
Recline/Lounge Seats

Rear Defogger
Intermittent Wipers
Dual Mirrors
Power Brakes
Power Mirrors
Cloth Seats

Tilt Wheel
Tinted Glass
Clear Coat Paint
Power Windows
Driver Air Bag
Bucket Seats

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2**	Repl	RECOND Bumper cover	1	160.00		1.8	
3		Add for Clear Coat					
4	R&I	License frame				0.2	
5		GRILLE					
6**	Repl	A/M Grille	1	21.00		0.5	
7**	Repl	A/M Molding	1	23.00		Incl.	
8		FRONT LAMPS					
9	R&I	RT H'lamp & marker				0.5	
10	R&I	LT H'lamp & marker				0.5	
11	O Repl	Signal lamp	1				
12		COOLING					
13	Repl	Upper tie bar	1	55.70	s	1.2	0.5

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PRELIMINARY ESTIMATE

1996 HOND ACCORD LX 4-2.2L-FI 4D SED RED Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
14		HOOD				
15**	Repl	A/M CAPA Hood	1	126.00	1.3	3.0
16		Overlap Major Non-Adj. Panel				-0.2
17		Add for Clear Coat				0.6
18		Add for Underside(Complete)				1.5
19		FENDER				
20	Blnd	RT Fender				1.0
21	Blnd	LT Fender				1.0
22*	R&I	RT Body side mldg DX & LX			0.1	
23*	R&I	LT Body side mldg DX & LX			0.1	
24#		TINT	1		0.5	
25#		HAZ WASTE	1	3.00		
26#		COVER CAR	1	10.00		

Subtotals ==> 398.70 6.7 10.6

Parts		398.70
Body Labor	6.7 hrs @ \$ 44.00/hr	294.80
Paint Labor	10.6 hrs @ \$ 44.00/hr	466.40
Paint Supplies	10.6 hrs @ \$ 25.00/hr	265.00
Body Supplies	6.7 hrs @ \$ 4.00/hr	26.80

SUBTOTAL \$ 1451.70

GRAND TOTAL \$ 1451.70

ADJUSTMENTS:
Deductible 0.00

CUSTOMER PAY \$ 0.00

INSURANCE PAY \$ 1451.70

PRELIMINARY ESTIMATE

1996 HOND ACCORD LX 4-2.2L-FI 4D SED RED Int:

Apple City Auto Body will certify That all work will be performed in a professional manner. All Parts are warranted to be of sufficient quality to replace or repair vehicle to preloss condition.

Apple City Auto Body will Warrant work that has been approved by the customer or Insurance Company will be of Quality to meet or exceed any agreement made by Shop.

Apple City will guarantee for a period of one year all refinishing products and Labor performed on any Vehicle unless stated in writing to customer. We agree no additional charges will be made unless Customer Or Insurance has been notified.

This is an estimate of repairs, sometimes after repairs have begun additional damaged or worn 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 system are updated monthly, and parts prices may be changed by the manufacturer at any time.

I hereby authorize Apple City Auto Body to repair my vehicle according to this estimate.

X

DATE ____/____/____

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide AEG4424 Database Date 06/2005, CCC Data Date 06/2005, 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 LKQ, Qual Recy Parts, RCY, or USED.

Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided by National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries. Some parts that are described as AM, Qual Repl Parts or Comp Repl Parts may be OE Surplus parts or other OE parts offered at a special pricing discount. For further clarification please review the Suppliers List attached to this estimate, or consult the appraiser or estimator.

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07/13/2005 at 11:27 AM
48131

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: RALPH VANDYKE
Adjuster:

#48131

Insured: LORI NELSON
Owner: LORI NELSON
Address:

Day: (541)387-6247

Claim #
Policy #
Deductible:
Date of Loss:
Type of Loss:
Point of Impact:

Inspect
Location:

Insurance
Company:



Days to Repair

1996 HOND ACCORD LX 4-2.2L-FI 4D SED Int:

VIN: 1HGCD5631TA290796 Lic:

Prod Date:

Odometer:

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Intermittent Wipers	Tinted Glass
Body Side Moldings	Dual Mirrors	Clear Coat Paint
Power Steering	Power Brakes	Power Windows
Power Locks	Power Mirrors	AM Radio
FM Radio	Stereo	Cassette
Search/Seek	Driver Air Bag	Passenger Air Bag
Cloth Seats	Bucket Seats	Recline/Lounge Seats
Automatic Transmission	Overdrive	

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2**	Repl	A/M CAPA Bumper cover	1	89.00		1.8	2.3
3		Add for Clear Coat					0.6
4**	Repl	A/M License frame	1	18.00		0.2	
5		GRILLE					
6**	Repl	A/M Grille	1	15.00		0.5	
7**	Repl	A/M Molding	1	20.00		Incl.	
8		COOLING					
9*	Rpr	Support assy				s 2.0	1.5
10		HOOD					
11**	Repl	A/M CAPA Hood	1	137.00		1.3	3.0
12		Add for Clear Coat					1.2
13		Add for Underside(Complete)					1.5
14		Add for Clear Coat					0.3

07/13/2005 at 11:27 AM
48131

Job Number:

PRELIMINARY ESTIMATE

1996 HOND ACCORD LX 4-2.2L-FI 4D SED Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
15		FENDER				
16	Blnd RT	Fender				1.0
17	Blnd LT	Fender				1.0
18*	R&I	RT Body side mldg DX & LX			0.2	
19*	R&I	LT Body side mldg DX & LX			0.2	
20#	Refn	TINT COLOR				0.5
21#	Subl	HAZ. WASTE REMOVAL	1	5.00		
22#	Repl	COVER VEHICLE	1	4.00		0.3
Subtotals ==>				288.00	6.2	13.5

Parts		288.00
Body Labor	6.2 hrs @ \$ 44.00/hr	272.80
Paint Labor	13.5 hrs @ \$ 44.00/hr	594.00
Paint	13.5 hrs @ \$ 24.00/hr	324.00
Body Supplies	2.0 hrs @ \$ 4.00/hr	8.00

SUBTOTAL \$ 1486.80

GRAND TOTAL \$ 1486.80

ADJUSTMENTS:

Deductible 0.00

CUSTOMER PAY \$ 0.00

INSURANCE PAY \$ 1486.80

THIS IS AN ESTIMATE OF REPAIRS, SOMETIMES AFTER REPAIRS HAVE BEGUN ADDITIONAL DAMAGED OR WORN 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 ESTIMATE.

X

DATE ____/____/____

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07/13/2005 at 11:27 AM
48131

Job Number:

PRELIMINARY ESTIMATE

1996 HOND ACCORD LX 4-2.2L-FI 4D SED Int:

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide AEG4424 Database Date 06/2005, CCC Data Date 06/2005, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM parts are OEM parts that are provided by or through alternate sources other than the OE/Vehicle dealerships. OPT OEM parts may reflect some specific, special, or unique pricing or discount. 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 LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided by National Auto Glass Specifications, Inc.

Pound sign (#) items indicate manual entries.

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