

Doc # 2005158161

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Date: 07/29/2005 02:55P

Filed by: SKAMANIA COUNTY

Filed & Recorded in Official Records

of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$0.00



RECEIVED

JUL 29 2005

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)

Matthew Vincent and Teresa Vincent

2. 3135 NE 145
- th
- Ave. Portland OR 97230

Address

City

State

Zip

3. HM Phone: (503) 254-8787 WK Phone: — MSSG Phone: —

4. Date and time of incident: 6/16/05 2:30 p.m.

5. Location of incident:

Millplain - Vancouver, WA

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

Insured vehicle was hit in rear by vehicle
driven by David Cox and owned by
City of Skamania.

7. What is the amount of damages claimed arising out of the following circumstances
-
- (Include estimates and bills, if available): \$2585.94

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

(Please Print)

David Cox (503) 427-4950
Teresa Vincent

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

Damage to vehicle

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

11. If a vehicle was involved in the incident, describe: Make Ford
 Model Explorer Year 2004 State OR License No. _____
 Insurance Company Farmers Ins. Policy Number 1006730377
Claim

12. Describe what you did after the incident occurred:

Washington State Police called.

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

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

N/A

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 22 DAY OF July, 2005

Ellen Buchanan
Farmers Insurance
 Claimant's Signature Subrogation

File Name: Commis/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.



FARMERS

National Document Center
P.O. Box 268992
Oklahoma City, OK 73126-8992
claimsdocument@farmersinsurance.com
Fax : 877-217-1389

07/25/2005

County Auditor - City Of Skaminia
P.O. Box 790
Stevenson, WA 98648

Re: Our Insured: Mr. Matthew Vincent
Our Claim #: 099 SUB 1006730377-1
Date of Loss: 06/16/2005
Your Claim #:
Amount Owed: \$2,585.84

Dear County Auditor - City Of Skaminia:

We have made payment to our insured for damages resulting from this accident. Our investigation has established that the above loss was caused by the negligence of your driver. By virtue of our subrogation rights this letter is to advise you that we expect payment from you for the amount of damages within 14 days of the receipt of this letter.

Be advised that no partial payment, which is less than the full amount claimed herein, will be considered in any way an acceptance of benefits, a novation or an accord and satisfaction of this claim without the express written release of our claim executed by an individual who identifies himself/herself as a member of our subrogation department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you.

If you need additional support for our claim or require further information, please call me at 630-907-6935 with your FAX number so that the requested information can be sent to you.

Sincerely,
Farmers Insurance Company of Oregon

Brandon Bonar
Auto Subrogation Representative
Brandon.l.bonar@farmersinsurance.com
ATTACHMENT(S)



FARMERS

National Document Center
P.O. Box 268992
Oklahoma City, OK 73126-8992
claimsdocument@farmersinsurance.com
Fax : 877-217-1389

07/25/2005

Payment Log

Account Number: AAA163543
Date of Loss: 06/16/2005
Insured's Name: Mr. Matthew Vincent

Claim Number 099 SUB 1006730377-1-5, 099 MD 1006730377-1-1, 099 PD 1006730377-1-2,
099 INJ 1006730377-1-3
Loss Type

Proof of Payment

Sub Total:	\$2,085.84
Deductible Amount:	\$500.00
Salvage	\$0.00
Total Amount:	\$2,585.84

Rental Company: ENTERPRISE-RENT-A-CAR
Invoice: 4605 D481054

Bill To:
FARMERS GRP
ATTN:BRECK -CRN STEVENS
13333 SW 68TH PKWY
TIGARD, OR 97223

RENTER INFORMATION:

Renter: VINCENT,MATTHEW
Address: 3135 NE 145TH AVE
PORTLAND, OR 97230
Home Phone: (503) 254-8789
Office Phone: (503) 907-8667

RENTAL INFORMATION:

Rental Branch Location:
ENTERPRISE RENT-A-CAR(4605)

423 N.E. 102ND AVENUE
PORTLAND, OR 972204160

CLAIM INFORMATION:

Claim Number: 1006730377-1-1
Claim Type: Insured
Vehicle Condition: Driveable
Date Of Loss: 06/16/2005
Insured Name:
Owner's Vehicle: 2004 EXPLORER

Repair Facility:
COURTESY FORD

(503) 255-1771

Billing Detail:

Rental Period: 06/22/2005 to 06/30/2005 (9 days)

Billed Period: 06/22/2005 to 06/30/2005 (9 days)

Description	Rate:	Amount:
9 DAYS @	\$25.00	\$225.00
9 DAYS DW @	\$10.99	\$98.91
9 DAYS PAI @	\$3.00	\$27.00

Total Charges: \$350.91
Less Amount Received: \$125.91
Amount Due..... \$225.00

Rental Invoice

Please Return This Portion with Remittance.

Make Payment To:
ENTERPRISE RENT-A-CAR(4605)
423 N.E. 102ND AVENUE
PORTLAND, OR 972204160
Federal ID: 93-1032669

Total Charges:	\$350.91
Less Amount Received:	\$125.91
Total Amount Due.....	\$225.00

Please Include on your Check:
Invoice:4605 D481054

06/17/2005 at 08:32 AM
89936

Job Number:

COURTESY FORD
Federal ID #:930865543
12040 NE HALSEY
PORTLAND, OR 97230
(503)408-2280 Fax: (503)251-4279

PRELIMINARY ESTIMATE

Written By: GEORGE MINER
Adjuster:

Insured: MATHEW VINCENT
Owner: MATHEW VINCENT
Address:

Evening: (503)254-8789

Claim # 1006730377-1-1
Policy #
Deductible:
Date of Loss:
Type of Loss:
Point of Impact:

Inspect
Location:

Insurance
Company:

Days to Repair

2004 FORD EXPLORER 4X4 XLT 6-4.0L-FI 4D UTV ST Int:
VIN: 1FMZU73K44ZB29454 Lic: 430BHD OR Prod Date: 06/2004 Odometer: 5187
Air Conditioning Rear Defogger Tilt Wheel
Cruise Control Intermittent Wipers Keyless Entry
Rear Wiper Dual Mirrors Privacy Glass
Roof Console Fog Lamps Clear Coat Paint
Power Steering Power Brakes Power Windows
Power Locks Power Mirrors Anti-Lock Brakes (4)
Driver Air Bag Passenger Air Bag 4 Wheel Disc Brakes
Bucket Seats Aluminum/Alloy Wheels

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		REAR BUMPER				
2		O/H rear bumper			2.0	
3	Repl	Bumper cover XLT w/o rev sensor w/o whl mold	1	428.53	Incl.	1.1
4	Repl	Reinforcement	1	196.37	0.3	
5	Repl	Step pad	1	74.07	Incl.	
6	Repl	Trailer hitch <i>Class 3</i>	1	168.57	Incl.	
7		LIFT GATE				
8	Repl	Lift gate from 3/10/03	1	722.25	5.2	3.0
9		Add for Clear Coat				1.2
10	Repl	Nameplate EXPLORER	1	25.65	0.2	
11	Repl	Nameplate XLT	1	15.20	0.2	
12#		CAR COVER	1	6.00	0.3	
13		OTHER CHARGES				
14#		E.P.C.	1	3.00		BRANCH CLAIMS

06/17/2005 at 08:32 AM
89936

Job Number:

PRELIMINARY ESTIMATE

2004 FORD EXPLORER 4X4 XLT 6-4.0L-FI 4D UTV ST Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
Subtotals ==>			1639.64	8.2	5.3	
		Parts				1636.64
		Body Labor	8.2 hrs @ \$ 44.00/hr			360.80
		Paint Labor	5.3 hrs @ \$ 44.00/hr			233.20
		Paint	5.3 hrs @ \$ 24.00/hr			127.20
		Other Charges				3.00
SUBTOTAL						\$ 2360.84
GRAND TOTAL						\$ 2360.84
ADJUSTMENTS:						
		Deductible				0.00
CUSTOMER PAY						\$ 0.00
INSURANCE PAY						\$ 2360.84

THIS ESTIMATE IS VALID FOR 30 DAYS. PARTS AND LABOR ARE SUBJECT TO INVOICE. THIS IS A VISUAL INSPECTION ONLY, ADDITIONAL PARTS AND LABOR MAY BE NEEDED AFTER FURTHER INSPECTION.

PERSUANT TO OREGON INSURANCE LAW, AN INSURANCE COMPANY MAY NOT REQUIRE THAT REPAIRS BE MADE TO A VEHICLE BY A PARTICULAR REPAIR FACILITY.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR2MF02 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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