

RECEIVED

OCT 19 2005

SKAMANIA 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 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)
Kevin and Sara Beigh
- PO Box 178 Stevenson WA 98648
Address City State Zip
- HM Phone: 427-0151 ^{SARA's} WK Phone: 427-3797 ^{Kevin's} MSSG Phone: 360-402-0922
- Date and time of incident: September 26, 2005 around 1:25 p.m.
- Location of incident:
SR 14 around Bridge of the Gods.
- Describe in narrative form and in detail exactly how the incident occurred:
Dump truck pulled out onto SR 14 prior to Bridge of the Gods from road off to the right. Dump truck was swerving all over road (headed westbound). Dump truck crossed center line then corrected quickly back into own lane. When dump truck corrected it threw
(see additional page).
- What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): Approximately \$230.26

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

None known except claimant.

9. Describe the damages or injuries you sustained as a result of the incident: Large rock crack dead center in full sized truck's windshield. Rock caused a two (2) inch crack (star/ding) in windshield.

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

11. If a vehicle was involved in the incident, describe: Make Ford
Model F250 Year 1990 State WA License No. _____
Insurance Company _____ Policy Number _____
* truck does not have full/comprehensive coverage *

12. Describe what you did after the incident occurred: Called my wife, Sara, and told her the vehicles license plate number. Then I continued on SR14 to North Bonneville where I reported the incident to Chief Cal Owens.

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. Spoke to my wife, Sara (Deputy Prosecuting Attorney) regarding the damage done to our truck's windshield.

14. How did you identify the County as the party responsible for your damage?
The dump truck that threw the rock off its load was an orange county truck, license plate number 11058C

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 3 DAY OF October, 2005

K. P. R.
Claimant's Signature

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.

Claim for Kevin and Sara Beigh

RE: Truck Windshield

6. Continued from page 1 of Skamania County Claim for Damage Form. - a rock off the back of the truck. That rock came at my truck in a downward angle and hit my windshield in the center. The dumptruck then went onto the shoulder then back into the westbound lane. The dumptruck was an orange county dumptruck with the license plate 11058C. I had to pull over to the shoulder after the rock hit the windshield. The windshield was cracked with a two inch star in the middle. After surveying the damages I proceeded onto North Bonneville, where I live, and contacted Chief Cal Owens about the incident.

Northwest Windshields Inc.

PO Box 1670

The Dalles, OR 97058

(541) 296 - 2414 (800) 421 - 0022 Fax: (541) 298 - 5929

| | |
|----------------|-----------|
| INVOICE NUMBER | |
| DATE | 9/26/2005 |
| REFERENCE # | Quo: 1320 |
| TAX ID NUMBER | 930892269 |

3:21PM

| | | | |
|------------|------------------------|-----------|-----------------------------|
| ACCOUNT | CUSTOMER TAX ID NUMBER | PO NUMBER | INSTALL DATE: |
| SALES REP: | | | INSTALLED BY: AMADO VELADOR |
| BILL TO: | | | TERMS: |
| CASH | | | SOLD TO: |
| | | | Attn: SARA BEEIGH |
| | | | H: (509)427-3777 |

Insurance Information

| | | |
|--------|----------------|-------------|
| AGENT: | VERIFIED BY: | DISPATCH #: |
| | POLICY NUMBER: | |
| | CLAIM NUMBER: | |
| | CAUSE OF LOSS: | |
| | DATE OF LOSS: | DEDUCTIBLE: |

Vehicle Information

| | | |
|---------------------------|----------------------|------------|
| MAKE: FORD | MODEL: F SERIES F250 | YEAR: 1990 |
| BODY: 2 DOOR STANDARD CAB | VIN: | ODOMETER: |
| STOCK #: R.O. #: | UNIT #: | LICENSE #: |

| Qty | Part Number | Hours | Labor | Adhesive | List Price | Net Price | Line Total |
|------|---------------------------------------------------------|-------|--------|----------|------------|-----------|------------|
| 1.00 | DW01003GBNN Windshield (W/Band) (May need Mldgs) | 2.50 | \$0.00 | \$0.00 | \$556.90 | \$278.45 | \$278.45 |
| 1.00 | HAH000004-20 Adhesive Adhesive (Urethane,Dam,Primer) | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

THANK YOU FOR CHOOSING NORTHWEST WINDSHIELDS!!!!

All checks are subject to a \$25.00 return check fee. In the event your check is returned unpaid, we may redeposit your check electronically. In addition to the face amount of the check, the return check fee will be assessed against your account.

FOR YOUR SAFETY...GO TO: WWW.SAFEWINDSHIELDS.COM

* THIS IS A QUOTE / DO NOT PAY *

Thank you! ANDI

Customer Signature:

Amount Due: \$299.33 Invoice Total

\$299.33

I hereby authorize the above repair work to be done, along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described on street, highways, and elsewhere for the purpose of inspection, testing, and pick-up/delivery to me. AN EXPRESS MECHANIC'S LIEN is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. Not responsible for loss or damage to vehicle or articles therein by causes beyond our control. REPLACEMENT HAS BEEN MADE TO MY SATISFACTION AND I HEREBY ASSIGN SUCH PROCEEDS AS MAY BE REQUIRED TO SATISFY ALL AMOUNTS DUE AND OWING TO THE ABOVE NAMED COMPANY FOR SAID INSTALLATION. IF FOR ANY REASON THE INSURANCE COMPANY DOES NOT PAY FOR THESE REPAIRS/REPLACEMENTS, THE ABOVE SIGNED AGREES TO PAY FOR SAID REPAIRS/REPLACEMENTS.

Quote for 1994 Ford Pickup F250 - Mileage:

Beigh, Gavin
 Kevin
 North Bonneville, WA 98639

Sams Auto Body
 "www.samsauto.biz"
 351 2nd St (P.O. Box 1155)
 Stevenson, WA 98648
 Phone: 509-427-5248
 Email: samsautobody@earthlink.net

| Type | Description | Qty/Hrs | Part No | Unit Price | Subtotal |
|-------|--------------------|---------|---------|------------|----------|
| Part | Windshield | 1.00 | | 120.00 | 120.00 |
| Labor | Install Windshield | 2.0 | | | 84.00 |

| | Worksheet | Supplies | Hazmat | Tax | Subtotal |
|-------------|-----------|----------|--------|------|----------|
| Part \$ | 120.00 | 7.70 | | 8.40 | 136.10 |
| Labor \$ | 84.00 | | 4.28 | 5.88 | 94.16 |
| Grand Total | | | | | 230.26 |

Unofficial Copy

MC # 2005159145
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