

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)

Mary Ellen Essex Tim Essex

2. P.O. Box 92 Stevenson wa 98648
Address City State Zip

3. HM Phone: 427-7392 WK Phone: _____ MSSG Phone: _____

4. Date and time of incident: 3-13-06 12:15

5. Location of incident:
Hwy WindRiver Between mp 4 + mp 5

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

I was driving South on ^{WindRiver} hwy. The road
grader was driving North on WindRiver hwy.
As we passed each other a few rocks hit
my vehicle, one hit the drivers side edge
of windshield leaving a big chip and cracking
across on my windshield

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

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

My husband Tim Essex

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

My windshield is damaged, chipped
& cracked half way across.

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

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

12. Describe what you did after the incident occurred: drove home,
called road dept. Talked to a Larry
Douglass. He told me to go to auditor's
office & pick up a claims paper.

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. As above "Angela Hoser
gave me the claims form & explained
what to do."

14. How did you identify the County as the party responsible for your damage?
it was a county road grader Gary
Blaisdale was driving the road grader

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 13 DAY OF March, 2002

Manickon Essex
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.

962 Wind River Highway, P.O. Box 99 • Carson, WA 98610

FAX: (509) 427-7974

Date 3/17/06

Name MARY ELLEN ESSEX Address 1000492 City STEVENSON Phone 421-1342
Make FORD Year 98 Serial No. _____ Body Style _____ Style No. _____
Mileage CROWN VICT. License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

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This estimate is based on our inspection and does not cover additional parts or labor which may be required after the work has been started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. Naturally this estimate cannot cover such contingencies. Parts prices subject to change without notice. This estimate is for immediate acceptance.

GRAND TOTAL	\$	
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By: THIS WORK AUTHORIZED BY

03/14/2006 at 10:57 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:
Adjuster:

Insured: MARYELLEN ESSEX
Owner: MARYELLEN ESSEX
Address:

Day: (509)427-7392

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

Inspect
Location:

Insurance
Company:

Days to Repair

1998 FORD CROWN VICTORIA LX 8-4.6L-FI 4D SED Int:

VIN: 2FAFP74W2WX148230 **Lic:**

Prod Date:

Odometer:

Air Conditioning
Cruise Control
Clear Coat Paint
Power Windows
Power Trunk/Tailgate
Stereo
Driver Air Bag
Cloth Seats
Overdrive

Rear Defogger
Keyless Entry
Power Steering
Power Locks
AM Radio
Cassette
Passenger Air Bag
Split Bench Seats

Tilt Wheel
Body Side Moldings
Power Brakes
Power Driver Seat
FM Radio
Search/Seek
4 Wheel Disc Brakes
Automatic Transmission

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		WINDSHIELD				
2*	Repl	Glass panel NAGS tinted / DW1327	1	230.65	2.6	
3#	Repl	REPLACE 2 UERETHANE KITS	1	40.00		
Subtotals ==>				270.65	2.6	0.0

03/14/2006 at 10:57 AM
48131

Job Number:

PRELIMINARY ESTIMATE

1998 FORD CROWN VICTORIA LX 8-4.6L-FI 4D SED Int:

Parts		270.65
Body Labor	2.6 hrs @ \$ 46.00/hr	119.60

SUBTOTAL		\$ 390.25

GRAND TOTAL		\$ 390.25
ADJUSTMENTS:		
Deductible		0.00

CUSTOMER PAY		\$ 0.00
INSURANCE PAY		\$ 390.25

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 ____/____/____

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR2JA98 Database Date 02/2006, CCC Data Date 02/2006, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) parts are OEM parts that may be 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 Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2006 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.