



Doc # 2007165559
Page 1 of 6
Date: 03/30/2007 03:08P
Filed by: DEPT OF TRANSPORTATION
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
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) _____
DEPT OF TRANSPORTATION
RISK MANAGEMENT OFFICE
P O BOX 47418
OLYMPIA WA 98504-7418
2. Address _____ City _____ State _____ Zip _____
3. HM Phone: _____ WK Phone: 1-800-737-0645 MISSG Phone: _____
4. Date and time of incident: 27 Jan 2007
5. Location of incident: SR 14 N/SB MP 37.9
6. Describe in narrative form and in detail exactly how the incident occurred:
Cascade Ave overpass on Hwy 14 hit with an excavator. knocked a chunk of concrete off the overpass.
7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): \$2380.15

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

See attached email

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

None

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

11. If a vehicle was involved in the incident, describe: Make Skamania County vehicle
Model Ford F150 Year 2001 State WA License No. 7100/10
Insurance Company _____ Policy Number _____

12. Describe what you did after the incident occurred:

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

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

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 27 DAY OF March, 2007

Melanie Proctor
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.

English, Nancy

From: Arnold Bell [abell@co.skamania.wa.us]
Sent: Wednesday, March 07, 2007 9:07 AM
To: English, Nancy
Subject: RE: North Bonneville Overpass Bridge Hit

Sorry it took so long.

Vehicle Owner: Skamania County PO Box 790 Stevenson WA. 98648
 Vehicle Driver: Clay Moser PO Box 1134 Carson WA. 98610
 Vehicle Type: 315 CAT Excavator on flatbed equipment trailer pulled by 2001 Freightliner four axle Dump Truck
 Vehicle Licence #: Dump Truck 76611C

If you need any other info please let me know. I hope this is helpful.

-----Original Message-----

From: English, Nancy [mailto:english@WSDOT.WA.GOV]
Sent: Friday, March 02, 2007 11:01 AM
To: Arnold Bell
Subject: FW: North Bonneville Overpass Bridge Hit

Good morning!

In order for me to complete the necessary paperwork, could you please provide me with the following information concerning the accident:

- Name and Address of Owner of vehicle
- Name and Address of Driver of vehicle
- Year, Make, Type of Vehicle that hit OC
- License Number of Vehicle that hit OC

If you have any questions, you can reach me at 360-905-2203.

Thank you for your assistance. Have a great weekend!

Nancy

From: Andring, Linda
Sent: Wednesday, January 24, 2007 1:33 PM
To: Barsness, Jerry; Lupton, Steve; Wilcox, Scott
Cc: English, Nancy
Subject: North Bonneville Overpass Bridge Hit

FYI 1:19pm

Arnold Bell from Skamania County 509/427-3917.

They hit the Cascade Ave. overpass on HWY 14 today with an excavator.
 Knocked a chunk of concrete off the overpass.

I have left a message on Jerry Barsness cell phone.

Got thru to Scott Wilcox. Scott will be calling Arnold Bell.

3/7/2007



**Washington State
Department of Transportation**

Billing Invoice

Inv Date: 03/16/2007

Due date: 04/23/2007

Amount due: \$2,380.15

Invoice: RE 31H K41354

Customer: CLAIMS

Work Order: K4135401

Bill code: 6341

SKAMANIA COUNTY
PO BOX 790
STEVENSON WA 98648

Please remit to:
DEPT. OF TRANSPORTATION
RISK MANAGEMENT OFFICE
P.O. BOX 47418
OLYMPIA WA 98504-7418

COPY

Direct inquiries to:
MELANIE PROCTOR
Ph. 360-704-6358

Work Order	Description	Amount
K4135401	CONCRETE DAMAGE	2,380.15
Total:		\$2,380.15

DATE OF LOSS: 01/27/2007
LOCATION: SR 14 N/SB MP 37.9

We are advised that you and/or your vehicle were involved in an accident or incident on the above date, causing damage to highway property and/or loss of use (traffic control) as indicated on the enclosed repair cost estimate. Pursuant to RCW 46.44.110, we expect reimbursement of the above amount. Please do one of the following within 30 days:

1. Remit payment in full, payable to DEPARTMENT OF TRANSPORTATION and forward your payment with one copy of this invoice to this office.
2. Notify your insurance carrier and provide us with their name, address, and your policy/claim number.

However, if we have not heard from you within thirty days, it will be necessary to pursue further collection/legal action against you for payment of the damages. This could involve additional expense and inconvenience to you.

Your prompt consideration and attention to this matter is requested.

CC: CLAY MOSER

RECEIVED

MAR 19 2007

SKAMANIA COUNTY
COMMISSIONERS



Washington
Department of Transportation

REPAIR COST ESTIMATE

K41354

LOCATION OF DAMAGED PROPERTY: SR14 MP 37.9 N/SB OC		COUNTY Skamania	DAMAGE CODE 39	
DATE DAMAGE OCCURRED OR OBSERVED: 27-Jan-07		DESCRIPTION OF DAMAGE: Concrete damage to OC		
NAME AND ADDRESS OF OWNER: Skamania County PO Box 790 Stevenson, WA 98648		NAME AND ADDRESS OF DRIVER: Clay Moser PO Box 1134 Carson, WA 98610		
YEAR, MAKE, TYPE OF VEHICLE: 2001 Freightliner Dump Truck		LICENSE NO. 76611C (WA)	POLICE DIV.	BADGE NO.
REPAIR COST DISTRIBUTION ESTIMATE				
LABOR DESCRIPTION	QTY	REG. HOURS	O/T HOURS	AMOUNT
Bridge Tech. 1	1	10		\$342.48
Bridge Tech. 2	2	10		\$746.50
Bridge Lead Tech.	2	10		\$778.17
Bridge Engineer 4	1	2		\$106.72
Bridge Engineer 5	1	2		\$121.68
TOTAL LABOR ESTIMATE				\$2,095.55
EQUIPMENT TYPE	QTY	OP. HRS.	ASSG. HRS.	AMOUNT
4 -31 - Truck, 1 Ton w/ Service Body: Diesel	1	10	10	\$40.76
8-51 - Truck; Bridge Repair, w/platform	1	10	10	\$84.55
8-52 - Truck; Bridge Repair, w/o platform	1	10	10	\$85.00
TOTAL EQUIPMENT ESTIMATE				\$210.31
MATERIAL TYPE	QTY	QUANTITY		AMOUNT
Degreaser Soap - EA	1	1		\$4.92
Pea Gravel	1	1		\$6.13
Set 45 - Bag	1	1		\$36.29
TOTAL MATERIAL ESTIMATE				\$47.34
MISCELLANEOUS CHARGES - DESCRIPTION		QUANTITY	AMOUNT	
Per Diem		1	\$26.95	
TOTAL MISCELLANEOUS ESTIMATE				\$26.95
TOTAL DIRECT CHARGES				\$2,380.15
MAINT. AREA LOCATION: SW Region - Vancouver		UNIT ORG CODE: 445711	CONT. SECTION: D42014	JOB NO. K41354
SUBMITTED BY: Steve Lupton		DATE: 2/9/2007	TITLE: Maintenance Lead Technician, Br.	
APPROVED BY: Jerry Barsness		DATE: 3/8/07	TITLE: Regionwide Maintenance Supt.	

03/16/2007

CASE #

A. OUR FILE NO.: K41354

B. DATE OF LOSS: 01/27/2007

C. LOCATION OF LOSS: SR 14 N/SB MP 37.9

COUNTY: SKAMANIA

D. PARTIES INVOLVED:

1. DRIVER: CLAY MOSER

ADDRESS: PO BOX 1134

CITY: CARSON

STATE: WA ZIP: 98610

DOB: *

LICENSE #: *

STATE: WA

CAR TYPE: 2001 FETLNR DTRK LICENSE #: 76611C

STATE: WA

2. OWNER: SKAMANIA COUNTY

ADDRESS: PO BOX 790

CITY: STEVENSON

STATE: WA ZIP: 98648

Washington State Department of Transportation
Risk Management Office
P.O. Box 47418 MS 47418
Olympia, WA 98504-7418

PROPERTY DAMAGED	AMOUNT OF DAMAGE
CONCRETE DAMAGE	2,380.15
TOTAL:	\$2,380.15

COPY