



Doc # 2007165799
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Date: 04/23/2007 09:45A
Filed by: HANS STRAUSS
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)

HANS STRAUSS

2. 121 BONE RD STEVENSON WA 98648
Address City State Zip

3. HM Phone: 427-8830 WK Phone: 427-3970 MSSG Phone: _____

4. Date and time of incident: _____

5. Location of incident:

B+C SHOP PARKING LOT

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

DIST 2 TRUCK DRIVER PULLING TRAILER,
SWUNG TRAILER, TAIL OF TRAILER HIT RT FRONT
HEAD LIGHT - PARKING LIGHT.

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

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

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

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 F-250 Year 1980 State WA License No. _____
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?

YES

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 20 DAY OF APR, 2007

Hans Strauss
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.

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

OWNER
Paul R. Penner
Phone (509) 427-8737
FAX: (509) 427-7974

Date 4/2/01

Name WIS STROSS Address 121 BOWE RD. City STEVENSON Phone 427-8830

Make Ford Year 1980 Serial No. _____ Body Style _____ Style No. _____

Mileage PU License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

[illegible]REMARKS _____

HRS. OF LABOR AT \$ PER HR. \$ 10 60

PARTS \$ 35 00

PAINT MATERIALS	\$	
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SUB TOTAL \$ 45.00

SALES TAX \$ 3 / 5

ESTIMATE TOTAL \$48 15

ADVANCE CHARGES \$

GRAND TOTAL \$	
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\$ _____ insurance deductible

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.

By: _____ THIS WORK AUTHORIZED BY _____

ALL # 100-100000
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