09/12/2007 WED 14:03 FAX 1 509 427 3708 Skamania County Commiss Doc # 2007167878

Verizon Claimt WAPRO70130

Page 1 of 8
Date: 10/3/2007 02:02P
Filed by: CMR
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$0.00



## SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

| CLAIM                              | ANT:                   | THIS CLAIM MUST BE FILED WITH THE                                                                                                         | FOR OFFICE USE ONLY:                                 |
|------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 100 N                              |                        | SKAMANIA COUNTY AUDITOR'S OFFICE<br>Skamania County Courthouse<br>P.O. Box 790<br>240 NW Vancouver Avenue, Room 27<br>Stevenson, WA 98648 | CLAIM NO  DATE FILED:  COPIES TO:                    |
| NO DAN<br>FORM                     | MAGES O<br>IS COMP     | CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS<br>LETE. THIS PROVISION CANNOT BE WAIVED.                                                      | ATTACHMENTS: YES(#) NO                               |
| 1.                                 | Name<br>CM             | (including spouse if married): (Please Print)  R Claims TRA For Verizon                                                                   |                                                      |
| 2.                                 | (a) S<br>Addre         |                                                                                                                                           | City OK 73106<br>State Zip                           |
| 3.                                 | HM PI                  | hone: WK Phone: 800-321-41 800                                                                                                            | SSG Phone:                                           |
| <ol> <li>4.</li> <li>5.</li> </ol> | Locatio                | on of incident: <u>discovery date:</u> on of incident:  2 Mt Pleasant Rd, Washauga                                                        | , ,                                                  |
| 6.                                 | Describ<br>Sko<br>dita | ches and damased a 50 pair area of 352 Mt. Pleasant Ro<br>or about 7/28/2006                                                              | dent occurred:<br>25 cleaning out<br>buried cable in |
| 7.                                 | What i                 | s the amount of damages claimed arising out of the fle estimates and bills, if available): 4046                                           | ollowing circumstances                               |

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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 25th DAY OF September 2007

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.

NTMS - Search & Status - Ticket

65142C

13 LOC TKT Page 1 of 1 651420

WASHINGTON ONE CALL

Ticket No:

6243993

2 FULL BUSINESS DAYS 12 41

00.00

NEW TICKET

Transmit Date:

09/15/06

Time:

Qр:

john

Original Call Date:

07/18/06 07/21/06 Time: Time: 12:26

Op:

jahn

Work to Begin Date: Caller Intermation

Company:

SKAMANIA COUNTY DPW

LAURA NEWMAN

LARRY DOUGLAS

Contact Phone:

(509) 427-3910

Ext:

Contact Name: Address:

POB 790

Best Time:

Fax Phone:

ne:

Ext

1 00 750

Contact Email:

Alt. Contact Phone: (509) 427-3951

Alt. Contact Name: Deg Site Information

Type of Work:

ROAD REPAIR

Work Being Done For:

SKAMANIA COUNTY D.P.W.

Ling Site Location

State:

WA

County:

SKAMANIA

Place:

WASHOUGAL

Address:

Street:

SALMON FALLS ROAD

Nearest Intersecting Street:

MAYBE MINES ROAD

Location of Work:

FROM A POINT APX 1/2 MI S OF THE INTER MARK APX 1/4-1/2 N FROM MP 77 TO MP 1.1 AREA WILL BE MARKED IN WHITE

Romarks

CALLER GAVE TOWNSHIP, RANGE, SECTION INFO CENTER MAPPED USING LEGALS

Twp: 1N

Rng: 5E

Sect-Qtr: 3-NE, 3-SE, 3-NW, 3-SW

Twp: MORE

Rng: 5E

Sect-Qtr: 35-SW, 34-SW, 34-SE, 33-SE

ExCoord NW Lat: 45 60974

Lon: -122 189452

SE Lat: 45.590798

Lon: -122 1614

Warmers

| District Code | Company Name         | Marking Concerns | Damage/Repair | Cu |
|---------------|----------------------|------------------|---------------|----|
| GTC06         | VERIZON              | (407)539-0644    | (800)483-1000 | (  |
| SCPWD01       | SKAMANIA CTY DPW     | (509)427-3910    | (509)427-3910 | (  |
| SKMPUD01      | SKAMANIA CO PUD      | (509)427-5126    | (509)427-5126 | (  |
| WGPWA01       | WILLIAMS NW PIPELINE | (800)434-4872    | (800)972-7733 | (  |

# Report of Property Damage to Outside Plant

| <b>57</b> mg - And Alexander and the Alexander and | Preliminary (Information not Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mpiete)                  |                           |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| Final (Information Complete)                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Claim Number             | Trouble Ticket#           |
| Course, Intia diseases                             | Dilitari haurela                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                           |
| 07/28/2008 /10:00 AM                               | 3500-4P0A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UAO MATURIO              |                           |
| Notify Claims Immediately when a                   | damage is over \$250,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                           |
|                                                    | 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes Wo Notify Date / Tin | 19                        |
| No than than a transfer or a second                | 5" No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                           |
| Employer Department of the Mun                     | cipal Authority Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | #55/-                    | Telephone<br>509-427-9448 |
| Skamania County Road Crew                          | PO Box 790 ,Steve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8488, AW, noan           | 348-451-4-40              |
| Damage FTTF Related? T Yes                         | F No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | حجي                       |
| Location of Damage City/M                          | unicipality County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 41-14                    | Central Office            |
| 352 Mt Pleasant Rd WASHO                           | ugal Clark W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | /ashington 9WN WASHO     | DUGAL                     |
| Tex District                                       | mia auto to to to the total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Cross Street 75 W ( )    | grid grid                 |
| (NJ, MA only) Sector Number                        | (NJ only) JRA (NJ, NE only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | 5E 8                      |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | ader Name                 |
| initial Verizon Emp. Person Con<br>on Scane        | ploting PDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7 T. J.                  |                           |
| CJ Henson BAKER, Pl                                | IILIP Tei: Pager: 603-497-41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 17 PLACE                 | NCIA, GEORGE              |
| Person Responsible for PDR                         | Refiniburant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | le Engineer              |                           |
| BAKER, PHILIP Tel:                                 | Pageri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tel: Pager:              | 16.                       |
| Contractor Work                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Gompany Forem            | an's Name                 |
| Required?                                          | otor Kame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | *                        | - 1                       |
| FYes FNo Henkel                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pete                     |                           |
| Engineering Work CXM 4<br>Required?                | fork Required?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (EM Work Requir          | red?                      |
| Pyes I No I Ya                                     | ₅                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F Yaa 「N                 | 7                         |
|                                                    | s No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                           |
| Cable Placement                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           |
|                                                    | le F Burled Cable F Condut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t Cother                 |                           |
| F Aerial Cable F U.G. Cab                          | 19 1. Onligh China i Adiichi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 7 2                    |                           |
| A                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | la.                       |
| Conductor Type                                     | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | ₹                         |
| Copper Fiber                                       | - Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | le Type (Size            |                           |
| Gable Depth / Height                               | Cen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | M - May ( seems          |                           |
|                                                    | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10                       |                           |
| interoffice Facilities?                            | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | #                        |                           |
| Tyes FNo                                           | Specific Conduit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                           |
| Conduit Damaged?                                   | openic solutil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                           |
|                                                    | والمستقدم والمست | lu1                      |                           |
| 1                                                  | maged (Indicate sheath demage on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 711                      |                           |
| 60                                                 | فاهلست مدحور باس                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Footage Placed           |                           |
| Cable Replaced?                                    | Replacement Cable and Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Footage Precess          |                           |
| FYes TNo                                           | 100/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 38                       |                           |
| Description of Repairs                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           |
| Other Materials Used                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           |

## Damage Claims - Property Damage Report

| Parm Repairs Completed?                                                                                                       | If No, Explain Why                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Right of Way                                                                                                                  |                                                                                                                                                                                                                                                   |
| Locate Details? Yes                                                                                                           | No.                                                                                                                                                                                                                                               |
| Locate Details? Yes  Verizon Location Ticket Number  na                                                                       | Route of Cable / Conduit Marked? Marks Correct?                                                                                                                                                                                                   |
| Location of Facilities Marked By                                                                                              |                                                                                                                                                                                                                                                   |
| Fraint Flag Faigns F                                                                                                          |                                                                                                                                                                                                                                                   |
| Diet. Bet. Marked Route and Damag                                                                                             |                                                                                                                                                                                                                                                   |
| Locator Company Name<br>National Wire Services<br>Data When Locator Dispatched                                                | Name of Person Resp for Locating One Call Locating Ticket Number na Locator Notified by Whom Philip Baker                                                                                                                                         |
| Discussion of Comments  This was a med crew that was Si                                                                       | eaning ditches and did not call for locates.                                                                                                                                                                                                      |
| Pole Damage? Yes                                                                                                              |                                                                                                                                                                                                                                                   |
| Verizon Notified of Damage By                                                                                                 |                                                                                                                                                                                                                                                   |
| Describe how Damage Occured<br>Skemanie County rd crew cleanin                                                                |                                                                                                                                                                                                                                                   |
| Pictures Taken?  Yes No                                                                                                       | Before Damage After Damage Photographer 07/28/2006 CJ Henson                                                                                                                                                                                      |
| Damager information? Yes                                                                                                      | ₩ No                                                                                                                                                                                                                                              |
| Vehicle Information?  Yes                                                                                                     | No Same as Damager                                                                                                                                                                                                                                |
| Damager Employer?  Yes Employer of Person Causing Dema Skamania County Road Crew Damage Caused by Verizon Contra If Yes IF No | Ge Address Talephone PO Box 190, Stevenson, WA, 98848 509-427-9448                                                                                                                                                                                |
| Who Should be Billed?<br>The Damagers employer<br>Explanation                                                                 |                                                                                                                                                                                                                                                   |
| Police Dept. Yes                                                                                                              |                                                                                                                                                                                                                                                   |
|                                                                                                                               | ₹ No                                                                                                                                                                                                                                              |
| Witness Information? Tyes                                                                                                     | □ No                                                                                                                                                                                                                                              |
| Date & Time Operator<br>2007-02-12 18:14:3 BAKER,PHit<br>5.612                                                                | Comment Henkels did the dirt work on this and charged to the wrong work order. I requ ested they change to this work order today. The cable the techs used was so rep 100pr.                                                                      |
| 2007-02-12 15:34:4 BAKER,PHII<br>4.167                                                                                        | This occurred in Skamania County but DcWeb would not allow this exchang effocation code when Skamania was the selected county. Therefore I created this one and had the other one 3020-4P0AQAF deleted. All charges should be to this work order. |

### VERIZON COMMUNICATIONS VSP BILLING EXPLANATION OF CHARGES

BILLED TO:

SKAMANIA COUNTY ROAD CREW

BILL NUMBER:

WA4AP10AU0707

COPY TO:

DATE OF DAMAGE/DISCOVERY: 07/28/2006 07/07/2007 BILL DATE:

IS BASED UPON REPORTED LABOR HOURS.

WORK ORDER NUMBER:

9WN 3500 4P0A0AU GEO/JURIS/SUB: WWA

DAMAGE CLAIM NUMBER:

WAPR070130

INSURANCE CLAIM NUMBER:

LABOR & ENGINEERING COSTS:

HOURS EXPENDED BY TECHNICIANS AND/OR ENGINEERS DIRECTLY INVOLVED IN THIS WORK EFFORT AND COSTS FOR MANAGERIAL, TECHNICAL, AND CLERICAL PERSONNEL WHO PROVIDE ADMINISTRATIVE SUPPORT TO THE LABOR AND ENGINEERING STAFFS. ALSO INCLUDES COSTS FOR EQUIPMENT, COMPUTERS AND OFFICE SITES USED BY VERIZON PERSONNEL. LISTED BELOW ARE THE AVERAGE HOURLY RATES FOR PERSONNEL INVOLVED IN THIS WOR

### LABOR COSTS:

| 10.7!                                                                                    | HOUR(S) @     | \$72.7255 1  | PER HOUR TO | REPAIR/REARRANGE | \$781.80 |
|------------------------------------------------------------------------------------------|---------------|--------------|-------------|------------------|----------|
|                                                                                          | TOTAL LABO    | OR COSTS:    | 11          | 10.75            | \$781.80 |
| MOTOR VEHICLE COSTS: COST OF TRANSPORTING I AND OTHER WORK EQUIPMI ALSO INCLUDES RUNNING | EMPLOYEES, SU | PPLIES, TOOK | Ε.          |                  | 7        |

| 10.75 HOUR(S) @ \$6.7097 PER HOUR OF VEHICLE USAGE                            | \$72.13        |
|-------------------------------------------------------------------------------|----------------|
| CONTRACTOR COSTS:                                                             |                |
| CHARGES BY INDEPENDENT CONTRACTOR WHO ASSISTED VERIZON DURING COURSE OF WORK. | \$928.99       |
| OTHER COSTS:                                                                  | \$8.96         |
| LOSS OF USE                                                                   | \$<br>52.00    |
| ADMINISTRATIVE COST                                                           | \$<br>202.31   |
| TOTAL BILL                                                                    | \$<br>2,046.19 |



### BILLING STATEMENT

Billing Date: Bill Number: 07/07/2007 WA4AP10AU0707

Bill Type:

DCG

Work Order:

9WN 3500

Questions? Call: (800) 321-4158

Mail Correspondence to: CMR Claims Department

PO Box 60770

Oklahoma City, OK 73146

DESCRIPTION OF DAMAGE:

TYPE OF FACILITY: Buried Cable

LOCATION: 352 MT PLEASANT RD, WASHOUGAL

Damage Claim Number: WAPR070130

Date of Damage/Discovery: 07/28/2006

| Charge Description  | Hours    | /  | Amount |
|---------------------|----------|----|--------|
| LABOR               | 10.75    | \$ | 781.80 |
| ADMINISTRATIVE COST | 49 [ 4.9 | \$ | 202.31 |
| MOTOR VEHICLE COSTS |          | \$ | 72.13  |
| OTHER               |          | \$ | 8.96   |
| CONTRACTOR COSTS    |          | \$ | 928.99 |
| LOSS OF USE LCEL    |          | \$ | 52.00  |

Total Amount Due Upon Receipt

2,046.19

Please write the bill number on your check. Mail bottom stub with your payment to address below.

In the event your check for payment of your Verizon Communications bill is returned by your bank for insufficient or uncollected funds, Verizon may resubmit your check electronically to your bank for payment from your checking account.



SKAMANIA COUNTY ROAD CREW

PO BOX 190 STEVENSON, WA 98648 Claim Number WAPR070130
Bill Number WA4AP10AU0707
Total Amount Due \$ 2,046.19
Please Pay Upon Receipt

| \$0,000. |  |
|----------|--|
|----------|--|

Verizon
P. O. Box 4864
Trenton, NJ 08650-4864

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