



Doc # 2008168971
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 Date: 2/12/2008 01:34P
 Filed by: DOLLY NEWMAN
 Filed & Recorded in Official Records
 of SKAMANIA COUNTY
 SKAMANIA COUNTY AUDITOR
 J MICHAEL GARVISON
 Fee: \$8.00

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

<p>CLAIMANT: <u>THIS CLAIM MUST BE FILED WITH THE</u></p> <p style="text-align: center;"> SKAMANIA COUNTY AUDITOR'S OFFICE Skamania County Courthouse P.O. Box 790 240 NW Vancouver Avenue, Room 27 Stevenson, WA 98648 </p>	<p>FOR OFFICE USE ONLY:</p> <p>CLAIM NO: _____</p> <p>DATE FILED: _____</p> <p>COPIES TO: _____</p>
<p>NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.</p>	
<p>ATTACHMENTS: YES(# <u> </u>) NO</p>	

1. Name (including spouse if married): (Please Print)
Dolly NEWMAN
2. P.O. Box 1078 CARSON WA 98610
 Address City State Zip
3. HM Phone: 509 637-0447 WK Phone: _____ MSSG Phone: _____
4. Date and time of incident: afternoon
5. Location of incident:
22 Peyrollaz Rd
CARSON, WA 98610
6. Describe in narrative form and in detail exactly how the incident occurred:
The dog catches drove up to serve a warrant on one of my tenants as she was backing up she turned into the man door of my horse trailer
7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): estimate attached

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

(Please Print)

Dolly Newman and Tina

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

None to my persons

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

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

12. Describe what you did after the incident occurred: stood there while
Tina called the Sheriff

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. that this had been her
third accident liability

14. How did you identify the County as the party responsible for your damage?
She was in the dog estate truck
she was serving as washer
and she knew me

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 8 DAY OF Feb, 2008

Dolly Newman
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.

ESTIMATE OF REPAIRS

SCENIC AUTO BODY

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

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

Date 1/08/08

Name NEWMAN Address PO Box 1078 City CARSON Phone 427-
 Make CHASE TRAILER Serial No. _____ Body Style _____ Style No. 509-637-0447
 Mileage _____ License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

RE PAIR	RE PLACE	ESTIMATE OF REPAIR COSTS	PAINT TIME	LABOR HRS.	PARTS	SUBLET
	✓	SIDE DOOR		2 0	500 00	
		TOTAL				

UNOFFICIAL COPY

TOTAL \$ 686.94

✓ PAUL

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REMARKS _____

2.0 HRS. OF LABOR AT \$ <u>46.00</u> PER HR.	\$ <u>92</u> 00
PARTS	\$ <u>500</u> 00
PAINT MATERIALS	\$ <u>50</u> 00
SUB TOTAL	\$ <u>642</u> 00
SALES TAX	\$ <u>44</u> 94
ESTIMATE TOTAL	\$ <u>686</u> 94
ADVANCE CHARGES	\$ _____
GRAND TOTAL	\$ _____

\$ _____ insurance deductible

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

By: _____ THIS WORK AUTHORIZED BY _____