



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

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY AUDITOR'S OFFICE
Skamania County Courthouse
P.O. Box 790
240 NW Vancouver Avenue, Room 27
Stevenson, WA 98648

FOR OFFICE USE ONLY:

CLAIM NO: _____

DATE FILED: _____

COPIES TO: _____

NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS
FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

ATTACHMENTS: YES(#) NO

1. Name (including spouse if married): (Please Print)

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:

32 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 main 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 lately

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.

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

Date 1/08/00

[illegible]

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REMARKS _____	2.0 HRS. OF LABOR AT \$ 46. ⁰⁰	PER HR. \$ 92 00
_____		PARTS \$ 500 00
_____		PAINT MATERIALS \$ 50 00
_____		SUB TOTAL \$ 642 00
_____		SALES TAX \$ 44 94
\$ _____ insurance deductible		ESTIMATE TOTAL \$ 686 94
		ADVANCE CHARGES \$ _____
		GRAND TOTAL \$ _____

By: _____

THIS WORK AUTHORIZED BY _____

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.