



## SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY AUDITOR  
Skamania County Courthouse  
240 NW Vancouver Ave, Room 27  
PO Box 790  
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)

Terry Steeves

2. 1202 Woodard Ct Rd Skamania WA 98648

Address

City

State

Zip

3. HM Phone: 509-427-5884 WK Phone: 360-604-6925 MSSG Phone: \_\_\_\_\_

4. Date and time of incident: Saturday December 27, 2008

5. Location of incident:

Driveway entrance of above address - West on SR14 -  
North on Woodard Ct Rd - 500 ft past the one mile marker on west  
Side -

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

Two vehicles were parked at the top of our driveway during the big snow (on the property).  
Both were parked off the county road. We kept one vehicle dug out daily.  
The snow plow came down Woodard Ct. Rd. each day and the vehicle that  
was hit by the plow was buried in snow. We indicated the location by placing a  
bright yellow shovel at the rear. On Saturday the plow pushed snow onto our →

7. What is the amount of damages claimed arising out of the following circumstances  
(Include estimates and bills, if available): see 2 estimates

enclosed

driveway and over the edge of the hillside. We were not there at the time, but upon returning home, we saw that the back bumper of the Toyota was broken off. The plow had hit the back bumper of the Toyota while pushing snow onto our property. It occurred between Noon and 7pm on Saturday Dec 27<sup>th</sup>. The plow apparently misjudged the back bumper of the car while pushing snow off the road onto our property.

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

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

No injuries - Just bumper damage -

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10. Was incident investigated by a police officer? Sheriff \_\_\_\_\_ State Patrol \_\_\_\_\_

No

City \_\_\_\_\_

11. If a vehicle was involved in the incident, describe: Make Toyota

Model Camry Year 1999 State WA License No. \_\_\_\_\_

Insurance Company The Hartford Policy Number \_\_\_\_\_

12. Describe what you did after the incident occurred:

I called the Skamania County Roads Dept.  
and was instructed to fill out this form  
so the damage could be paid.

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

I was told that the plows were moving snow further off  
the county roads due to the large drifts.

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

I saw the plow come by each day. It was pretty clear that  
the plow had run into the back of my car because large  
amounts of snow had been pushed over the edge of my property.

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 31 DAY OF December, 20 08

Larry Steever  
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.

**Form W-9**  
(Rev. October 2007)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership

☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign  
Here**

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

VICTORY LANE AUTO BODY  
 415 22ND STREET  
 WASHOUGAL, WA 98671  
 OFFICE: (360)835-0139 FAX: (360)835-3700

CD LOG NO 3419-1 DATE 01/06/09

SHOP:  
 CITY STATE: , WA

INSP DATE: 01/06/09  
 CONTACT: STACEY FERNANDEZ

OWNER: STEEVES, TERRY  
 ADDRESS: 1202 WOODARD CREEK ROAD  
 CITY STATE: SKAMANIA, WA  
 ZIP: 98648

HOME PHONE: (509)427-5894  
 CELL PHONE: (541)400-9579

POINT OF IMPACT: 10

LIC#: 929 ULB  
 BODY COLOR: BURGUNDY  
 CONDITION:

STATE: WA

VIN: 4T1BG22K1XU539871  
 MILEAGE: 155,098  
 ACCTNG CTL#:

PROD.DATE: 03/99

PAINT CODE: FB40

\*=USER-ENTERED VALUE

EC=REPLACE ECONOMY

UM=REMAN/REBUILT PRT

OE=REPLACE PXN OE SRPLS

TE=PARTL REPL PRICE

I=REPAIR

TT=TWO-TONE

N=ADDITIONAL LABOR

AA=APPEAR ALLOWANCE

E=REPLACE OEM

UE=REPLACE OE SURPLUS

EU=REPLACE SALVAGE

PC=PXN RECONDITIONED

ET=PARTL REPL LABOR

L=REFINISH

CG=CHIPGUARD

RI=R&I ASSEMBLY

RP=RELATED PRIOR

NG=REPLACE NAGS

UC=RECONDITIONED PRT

EP=REPLACE PXN

PM=PXN REMAN/REBUILT

IT=PARTIAL REPAIR

BR=BLEND REFINISH

SB=SUBLET

P=CHECK

UP=UNRELATED PRIOR

1999 TOYOTA CAMRY LE 4DOOR SEDAN 4CYL GASOLINE 2.2  
 CODE: Y1733B/C OPTNS A/24BDEIJRL

#### OPTIONS:

TWO-STAGE - EXTERIOR SURFACES

ELEC REMOTE CONTROL MIRRORS

POWER WINDOWS

AUTOMATIC TRANS

U.S.A. BUILT VEHICLE

TWO-STAGE - INTERIOR SURFACES

POWER DOOR LOCKS

AIR CONDITIONING

CRUISE CONTROL

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
RI0407			GUARD,MUD	LT R&I ASSEMBLY				0.1	1
RI0408			GUARD,MUD	RT R&I ASSEMBLY				0.1	1
N 0005			RR BUMPER CVR OVERHAUL	ADDNL LABOR OPERA				1.6	1
E 0566			COVER,REAR BUMPER	52159AA900	313.80			INC	1
L 0566	13		COVER,REAR BUMPER	REFINISH				3.5	4
E 0573			RET,REAR BUMPER COV	RT 52575AA010	13.69			INC	1
E 1178			CLIP,REAR BUMPER	MULTI-PART	10.64			INC	1

1999 TOYOTA CAMRY LE 4DOOR SEDAN  
CD LOG NO 3419-1

E 0567	ABSORBER, REAR BUMPER	52615AA031	77.48	INC 1
L M03	FLEX ADDITIVE	REFINISH	10.00*	*4*
L M15	COLOR TINT	REFINISH		0.5*4*
I M60	HAZARD. WSTE. REM.	SUBLET REPAIR	10.00*	*1*
P	NO USED AVAILABLE	CHECK		1*
	CHECKED, NO USED AVAILABLE			
P	NO RECON AVAILABLE	CHECK		1*

13 ITEMS

MC MESSAGE(S)

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

# FINAL CALCULATIONS & ENTRIES

GROSS PARTS				415.61
OTHER PARTS				10.00
PAINT MATERIAL				140.00
PARTS & MATERIAL TOTAL				565.61
TAX ON PARTS & MATERIAL @			8.200%	46.38
LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	55.00	0.2	1.6	99.00
2-MECH/ELEC	89.00			
3-FRAME	70.00			
4-REFINISH	55.00	4.0		220.00
5-PAINT MATERIAL	35.00			
LABOR TOTAL				319.00
TAX ON LABOR		@	8.200%	26.16
SUBLET REPAIRS				10.00
TAX ON SUBLET		@	8.200%	0.82
TOWING				
STORAGE				
GROSS TOTAL				967.97
NET TOTAL				967.97

SHOPLINK UL121 ES CD LOG 3419-1 DATE 01/06/09 05:02:37PM R6.37 CD 11/08

PXN: Y/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE 98671

HOST LOG

(C) 1998 - 2008 AUDATEX NORTH AMERICA, INC.

1.1 HRS WERE ADDED TO THIS EST. BASED ON AUDATEX TWO-STAGE REFINISH FORMULA.

01/06/2009 at 04:22 PM  
83999

Job Number:

**MACKIN'S EAST VANCOUVER AUTO BODY**

Federal ID #:930661919  
"FAMILY OWNED SINCE 1945!"  
300 SE HEARTHWOOD  
VANCOUVER, WA 98684  
(360)254-9900 Fax: (360)944-6534

**PRELIMINARY ESTIMATE**

Written By: SHAD THIBODEAU  
Adjuster:

Insured: TERRY STEEVES  
Owner: TERRY STEEVES  
Address: 1202 WOODARD CREEK RD  
SKAMANIA, WA 98648  
Other: (509)427-5894

Claim #  
Policy #  
Deductible:  
Date of Loss:  
Type of Loss:  
Point of Impact: 6. Rear

Inspect  
Location:

Insurance CUSTOMER PAY  
Company:

Days to Repair

1999 TOYO CAMRY LE 4-2.2L-FI 4D SED Maroon Int:Tan  
VIN: 4T1BG22K1X0539871 Lic: 929-ULB WA Prod Date: Odometer:  
Air Conditioning Rear Defogger Tilt Wheel  
Cruise Control Intermittent Wipers Body Side Moldings  
Dual Mirrors Console/Storage Clear Coat Paint  
Power Steering Power Brakes Power Windows  
Power Locks Power Mirrors AM Radio  
FM Radio Stereo Cassette  
Driver Air Bag Passenger Air Bag Cloth Seats  
Bucket Seats Automatic Transmission Overdrive  
Full Wheel Covers

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		REAR BUMPER				
2	Repl	Bumper cover	1	313.80	1.5	2.6
3		Add for Clear Coat				1.0
4	Repl	RT Bumper cover side support	1	13.69		
5	Repl	Energy absorber US built	1	77.48		
6#		HWD	1	5.00		
7#		FLEX ADDITIVE	1	5.00		
8#		TINT	1		0.5	
Subtotals ==>				414.97	2.0	3.6



01/06/2009 at 04:22 PM  
83999

Job Number:

**PRELIMINARY ESTIMATE**

1999 TOYO CAMRY LE 4-2.2L-FI 4D SED Maroon Int:Tan

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Estimate Notes:

May be hidden damages

Customer in and recieved copy of estimate 1-6-09

Parts		414.97
Body Labor	2.0 hrs @ \$ 50.00/hr	100.00
Paint Labor	3.6 hrs @ \$ 50.00/hr	180.00
Paint Supplies	3.6 hrs @ \$ 32.00/hr	115.20
Body Supplies	1.5 hrs @ \$ 5.00/hr	7.50
-----		
SUBTOTAL		\$ 817.67
Sales Tax	\$ 817.67 @ 8.2000%	67.05
-----		
GRAND TOTAL		\$ 884.72
ADJUSTMENTS:		
Deductible		0.00
-----		
CUSTOMER PAY		\$ 0.00
INSURANCE PAY		\$ 884.72

MACKIN'S AUTO BODY IS COMMITTED TO PROVIDING THE FINEST COLLISION REPAIR AVAILABLE. WE ARE PROUD TO EXTEND TO YOU, OUR VALUED CUSTOMER, A LIFETIME WARRANTY ON THIS COLLISION REPAIR AND PAINT FOR AS LONG AS YOU ARE THE OWNER OF THIS VEHICLE AND IF THE VEHICLE IS RETURNED TO MACKIN'S AUTO BODY FOR ANY NEEDED CORRECTION(S).

(THIS WARRANTY IS NONTRANSFERABLE AND NONASSIGNABLE)

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

01/06/2009 at 04:22 PM  
83999

Job Number:

**PRELIMINARY ESTIMATE**

1999 TOYO CAMRY LE 4-2.2L-FI 4D SED Maroon Int:Tan

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide AEM8509, CCC Data Date 12/01/2008, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2009 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

TERRYL STEEVES  
1202 WOODARD CREEK RD  
STEVENSON, WA 98648

Postmarked  
Jan. 12, '89

42  
USA



42  
USA



Skamania County Auditor  
Skamania County Courthouse  
240 NW Vancouver Ave Room 27  
P.O. Box 790

98648-0790

Stevenson WA 98648