



SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY CLERK OF THE BOARD
Skamania County Auditor's Office
Skamania County Courthouse
240 North West Vancouver Avenue, Room 27
Stevenson, WA 98648

FOR OFFICE USE ONLY:

CLAIM NO. 2009-07

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)

Robert + Connie Callahan

2. PO Box 132

Address

Carlson

City

WA

State

98610

Zip

3. HM Phone: _____ WK Phone: 509-427-5094 MSSG Phone: _____

4. Date and time of incident: May 23, 2009 7:30am

5. Location of incident:

Beacon Rock Moraga

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

I was tied up @ the North side of the dock. The Sheriff's boat was turning around on the north side and hit starburg side of the boat knocking a whole in it.

7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): \$1403.84

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

(Please Print)

Sheriff Dave Brown, Sgt. Arnie Gonzer, Sgt. Monty Buetner,
Bill Lacombe, Dennis Weber, aprox. 32 high school students
their parents.

9. Describe the damages or injuries you sustained as a result of the incident: Only
boat damages. No bodily injury

10. Was incident investigated by a police officer? Sheriff ☒ State Patrol ☒
City 3 officers

11. If a vehicle was involved in the incident, describe: Make Chaparral cabin cruiser
Model 29 Ft Year 1990 State WA License No. _____
Insurance Company Farmers Policy Number _____

12. Describe what you did after the incident occurred: Taped boat for temporary
repair

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. apologies from county officers.

14. How did you identify the County as the party responsible for your damage?
The aluminum boat with blue light on top & the
officers driving it.

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 18 DAY OF June, 2009

[Signature]
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.

Invoice

Advanced Composite Systems, LLC
 4601 NE 78th St. Suite 120
 Vancouver, Washington 98665



Bill To:
Bob's Welding
PO Box 132
Carson, Washington 98610



Date	Invoice No.	P.O. Number	Terms	Project
06/12/09	1247	Verbal	Due on receipt	

Item	Description	Quantity	Rate	Amount
"My Girl"	Repair Hull Damage From Impact on Forward Port Hull	14	68.00	952.00T
Materials	Fiberglass and Paint Materials	1	360.00	360.00T
	State Tax		7.00%	91.84
Total				\$1,403.84

Unofficial Copy

PAID
ck # 9535