



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)**

Robert Reed Anderson

2.

Melissa Ann Anderson 751 Old State Rd.
Carson, WA 98610

Address

City

State

Zip

3.

HM Phone: 509 427 4618 WK Phone: 509 427 7043 MSSG Phone: 509 427 4618

4.

Date and time of incident: about - July 6, 2009

5.

Location of incident:

200 + Russell Downtown Stevenson

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

It was sitting in my office, I had some real estate & I saw a man stop something on the back of my truck. I went to my truck & noticed minor damage to a note under the windshield wiper. He broke a part of the broken mirror on the back of my truck.

7.

What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): estimated \$1000.00

(estimates included)

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

none

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

broken left hand side mirror

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

NO

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

Unsure

12. Describe what you did after the incident occurred: Called Sheriff & left
a voice mail. The man called me & said he
an estimate. That afternoon Amy Anderson called
& confirmed it was hit by Steven Pearce.

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

Spoke with Amy Anderson & she told
me to complete a Skamania Damage Report along
with two estimates for repair.

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

one of the drivers as I did the driver was
a subcontractor of the County

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 29 DAY OF July, 2009

Robert R. Anderson
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.

Tel: **360-574-8632**, Steven Dean Pearce – Independent trucker

Steve called and asked me to get a price to replace the mirror. I called Suburban Chevy and Linda Read quoted me \$593.50 if there was no damage to the angle brace that holds the mirror.

Called Steve and told him what it would cost. Ann Lueders told me to go to the Auditors office for a claim for damages form. Fill out and take back to Auditors office.

Unofficial
Copy

Melissa Anderson

From: Bob Anderson [boba@windermere.com]
Sent: Friday, July 24, 2009 10:50 PM
To: 'Melissa Anderson'
Subject: FW: Estimate on mirror replacement

From: Linda Read [mailto:lindar@suburbanautogroup.com]
Sent: Tuesday, July 21, 2009 8:11 AM
To: boba@windermere.com
Subject: Estimate on mirror replacement

Bob,

Here is the estimate you requested. I hope this is what you need.

| | |
|--|----------|
| Drivers outside rear view mirror...part # 25831035 | \$460.10 |
| Labor to install | 1.5 |
| | \$133.50 |
| Total | \$593.60 |

Thank you

Linda
Suburban Chevrolet
503-668-5555

8/5/2009