



## 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)

Vivian McNeil - Park Ranger  
Beacon Rock State Park

2. 3484 SR 14 Skamania, WA 98648

Address City State Zip

3. HM Phone: \_\_\_\_\_ WK Phone: 509 427 8265 MSSG Phone: \_\_\_\_\_

4. Date and time of incident: 10/28/09 1405

5. Location of incident:

SR 14 Milepost 34.9 roadside restroom parking area  
at Beacon Rock State Park

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

See attached Incident Report: 10282009-14:05-56-375

I was stopped in the parking area next to the restroom at Beacon  
Rock, waiting to turn left (west) onto SR14. Was struck on  
passenger side by Skamania County vehicle 11476 as it balked  
out of a parking space.

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

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

(Please Print)

Skamania County employee : Don K Niedert 240 Rock Creek  
Drive Stevenson, WA 98648

9. Describe the damages or injuries you sustained as a result of the incident: no injuries to self, truck I was driving was damaged: 1462SE (WA) 2000 Ford Ranger truck W1FTZRI3V3YPB59228. Vehicle owned by Washington State Parks and Recreation Commission. Damage to vehicle includes dented passenger door and crushed cab panel behind door.

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

11. If a vehicle was involved in the incident, describe: Make Ford  
Model utility Year 1997 State WA License No. 1147C  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

12. Describe what you did after the incident occurred: see attached incident Report 10282009-14:05-54-375

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. Spoke with driver of vehicle that hit my vehicle, Don K Niedert. checked if he had injuries, he had none. Exchanged vehicle and driver information. Niedert said he looked to left when back his truck from parking space. Said he did not see my vehicle before
14. How did you identify the County as the party responsible for your damage? SKamania County logo and exempt license plates on vehicle. driver identified himself as county employee. he hit 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 17<sup>th</sup> DAY OF November, 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.

COPY


**WASHINGTON STATE PARKS & RECREATION COMMISSION  
LAW ENFORCEMENT**
**INCIDENT REPORT**

Incident Number

**10282009-14:05-56-375**

INCIDENT DATE <b>10/28/2009</b>		INCIDENT TIME (24 HR) <b>1405</b>		BADGE # <b>375</b>	ORI NUMBER <b>0300300</b>	PARK NAME <b>Beacon Rock State Park</b>		COUNTY <b>Skamania</b>
INFRACTION/CITATION #		OTHER AGENCIES RESPONDING <b>Washington State Patrol</b>				RANGER USE OF FORCE? YES <input checked="" type="checkbox"/> NO		OTHER AGENCY USE OF FORCE? YES <input checked="" type="checkbox"/> NO
SPECIFIC LOCATION <b>Roadside restroom parking area</b>								
TYPES OF INCIDENTS (FOUR MAXIMUM) <b>All Other Offenses</b>				ATTACHMENTS <input checked="" type="checkbox"/> PHOTOS DOL REPORT ACCIDENT SCENE SKETCH SUSPECT RESISTANCE/RANGER FORCE REPORT				
				JUVENILE CONTACT/REFERRAL ARREST REPORT WITNESS STATEMENT(S)				
<b>INVOLVED PERSONS</b>								
PERSON 1	CODE <b>V</b>	NAME (LAST, FIRST, MI) <b>McNeil, Vivian R</b>					BOOKED/CITED? YES <input checked="" type="checkbox"/> NO	
	SEX <b>F</b>	RACE <b>Caucasian</b>	DOB (MM/DD/YYYY) <b>05/23/1978</b>	HEIGHT	WEIGHT	EYES	HAIR	
	ADDRESS (STREET) <b>34841 SR 14</b>						HOME TELEPHONE	
	ADDRESS (CITY, STATE, ZIP) <b>Skamania, WA 98648</b>						BUSINESS TELEPHONE <b>509-427-8265</b>	
	OCCUPATION <b>Park Ranger</b>		PLACE OF EMPLOYMENT OR SCHOOL <b>Beacon Rock State Park</b>				DRIVERS LIC/SOCIAL SEC/OTHER <b>MCNEIVR225K3</b>	
PERSON 2	CODE <b>S</b>	NAME (LAST, FIRST, MI) <b>Niedert, Don, K</b>					BOOKED/CITED? YES <input checked="" type="checkbox"/> NO	
	SEX <b>M</b>	RACE <b>Caucasian</b>	DOB (MM/DD/YYYY) <b>07/04/1961</b>	HEIGHT	WEIGHT	EYES	HAIR	
	ADDRESS (STREET) <b>240 Rock Creek Drive</b>						HOME TELEPHONE	
	ADDRESS (CITY, STATE, ZIP) <b>Stevenson, WA 98648</b>						BUSINESS TELEPHONE <b>509-481-3951</b>	
	OCCUPATION		PLACE OF EMPLOYMENT OR SCHOOL				DRIVERS LIC/SOCIAL SEC/OTHER <b>NIEDEDK396MD</b>	
PERSON 3	CODE	NAME (LAST, FIRST, MI)					BOOKED/CITED? YES NO	
	SEX	RACE	DOB (MM/DD/YYYY)	HEIGHT	WEIGHT	EYES	HAIR	
	ADDRESS (STREET)						HOME TELEPHONE	
	ADDRESS (CITY, STATE, ZIP)						BUSINESS TELEPHONE	
	OCCUPATION		PLACE OF EMPLOYMENT OR SCHOOL				DRIVERS LIC/SOCIAL SEC/OTHER	
<b>VEHICLES</b>								
VEHICLE 1	LICENSE <b>14625E</b>	STATE <b>WA</b>	EXP DATE	VEH YEAR <b>2000</b>	VIN # <b>1FTZR15V8YPB59228</b>	IMPOUND? TO YES <input checked="" type="checkbox"/> NO		
	MAKE <b>Ford</b>	MODEL <b>Ranger</b>			STYLE <b>TK</b>	COLOR <b>White</b>		
	LICENSE <b>1147C</b>	STATE <b>WA</b>	EXP DATE	VEH YEAR <b>1997</b>	VIN # <b>3FELF47FXVMA49988</b>	IMPOUND? TO YES <input checked="" type="checkbox"/> NO		
VEHICLE 2	MAKE <b>Ford</b>	MODEL			STYLE <b>TK</b>	COLOR <b>White</b>		



WASHINGTON STATE PARKS & RECREATION COMMISSION  
LAW ENFORCEMENT  
**INCIDENT REPORT**

**COPY**

Incident Number

10282009-14:05-56-375

ORI NUMBER

0300300

PARK NAME

Beacon Rock State Park

Narrative, Summary, Investigation, Status, Additional Witness/Suspects, etc.

At 1405 on October 28th, 2009 I was on patrol at Beacon Rock State Park at Beacon Rock. I was driving 14625E (WA, exempt) with my seat belt on, eastbound between the parking area and the fog line of State Route 14, traveling at approximately 10MPH. When I reached the roadside restroom I turned left and came to a stop at the fog line to turn left onto State Route 14. I observed 1147C (WA exempt) a white utility truck with a Skamania County logo on the door parked head-in into a parking space southeast of my position. I turned my left turn signal on and checked for oncoming traffic looking left then right. When I looked to my right, I observed the same truck that had been parked backing directly towards the passenger door of my vehicle. I applied the horn. The oncoming truck did not stop. I continued to hit the horn with one hand and reached with the other to shift the transmission from drive to reverse to back up. Before I got the vehicle in reverse, the rear bumper of the truck hit the passenger door of my vehicle. After the collision, both vehicles cleared the road shoulder into parking spaces.

I checked to see if there were injuries to occupants of the truck. Don Niedert (Niedert) was the driver and the only occupant, he did not have any injuries. I did not have any injuries.

The passenger door was dented and cab panel were crushed on my vehicle, 14625E. 1147C had white paint transfer on the right side of the rear bumper, no damage to the vehicle. See attached photos.

I contacted my supervisor Erik Plunkett (Plunkett) by radio. I called Skamania County Dispatch to send a State Patrol unit. I exchanged information with Niedert. Plunkett arrived on scene at 1415. Niedert said he stopped to use the restroom, got in his truck looking to his left out the drivers side of his vehicle as he backed out of the parking space. He said he did not see my vehicle. Trooper R. Cashatt (Cashatt) (State 431) arrived on scene at 1455. He completed a collision report and investigation. He told Niedert he was at fault, that he must yield when pulling out of a parking space, that he will likely be issuing him an infraction for failure to yield. Niedert's supervisor Clay Moser arrived on scene at 1520. Cashatt will be faxing me a copy of the collision report. Cleared scene at 1530.

Damage to 14625E: Dented passenger door and crushed cab panel behind door. Unknown cost to repair, vehicle will be taken to body shops for estimates.

Damage to 1147C: none

I certify under the penalty of perjury, under the laws of the laws of the State of Washington that the foregoing is true and correct.

Signed at Beacon Rock State Park.

**ONCE YOU PRINT AND SIGN THIS FORM YOU CANNOT ADD TO IT. YOU MUST FILL OUT ANOTHER REPORT**

PREPARED BY

Vivian McNeil

DATE

10/28/2009

SIGNATURE

*[Signature]*

PARK REVIEW/DATE

*[Signature]*

REGION REVIEW/DATE

VPLE REVIEW/DATE



Photos for IR 10282009-14:05-56-375

COPY





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

## \*\*\* PRELIMINARY ESTIMATE \*\*\*

11/10/2009 02:30 PM

## Owner

Owner: Beacon Rock State Park  
Contact: Vivian McNeil  
Address: 34841 State Route 14

City State Zip: Skamania, WA 98648

Work/Day: (509)427-8265  
FAX: (509)427-4471  
FAX:

## Control Information

Claim #: PRIVATE PAY  
Deductible: None

Insured Policy #:

## Inspection

Inspection Date: 11/05/2009 04:59 PM  
Inspection Location: Victory Lane Auto Body  
City State Zip: Washougal, WA 98671

Inspection Type: Field  
Contact:  
FAX:

Appraiser Name: Stacey Fernandez

Appraiser License #:

## Vehicle

2000 Ford Ranger XL 2 DR Ext Cab Short Bed  
6cyl Gasoline 3.0 Flex  
4 Speed Automatic

Lic Plate: XMT1Y625E  
Lic Expire:  
Prod Date: 04/2000  
Veh Insp:  
Condition:  
Ext. Color: WHITE PEARL MET  
Ext. Refinish: Two-Stage  
Ext. Paint Code: WF/6864

Lic State: WA  
VIN: 1FTZR15V8YPB592Z8  
Mileage: 92,033  
Mileage Type: Actual  
Code: P8334A  
Int. Color: DARK GRAPHITE  
Int. Refinish:  
Int. Trim Code: ZU5/4253

## Options

4-Wheel Drive  
Dual Airbags  
Power Brakes  
Rear Step Bumper  
Tachometer

AM/FM Stereo  
Intermittent Wipers  
Power Steering  
Split Front Bench Seat  
Tinted Glass

Anti-Lock Rear Brakes  
Lighted Entry System  
Rear Jump Seat(s)  
Styled Steel Wheels  
Velour/Cloth Seats

## Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
1	N	27		Front Bumper Assy R&I	Additional Labor			0.8	SM
2	RI	42		Headlamp Assy,Halogen RT	R & I Assembly			0.4	SM
3	RI	48		Lamp,Side Marker RT	R & I Assembly			INC	SM
4	I	104		Fender,Front RT	Repair			1.0*	SM
5	L	104	13	Fender,Front RT	Refinish			3.5	RF
					2.4 Surface				
					0.6 Two-stage setup				
					0.5 Two-stage				
6	E	270		Nameplate,Fender RT	F67Z16720C	\$22.92		0.2	SM

11/10/2009 02:45 PM

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2000 Ford Ranger XL 2 DR Ext Cab Short Bed  
Claim #: PRIVATE PAY

11/10/2009 02:30 PM

7	RI	50	Guard,Fender Mud RT	R & I Assembly	0.2	SM
8	RI	1345	Flare,Wheel Opening RT	R & I Assembly	0.9	SM
9	I	188	Panel,Rocker RT	Repair	6.0*	SM
10	L	188	Panel,Rocker RT	Refinish	1.1	RF
				0.9 Surface		
				0.2 Two-stage		
11	I	468	Reinf,Rocker Panel R/F	Repair	1.0*	SM
12	L	468	Reinf,Rocker Panel R/F	Refinish	0.3	RF
				0.3 Surface		
13	I	122	Pnl,Cab Side Outer RT	Repair	12.0*	SM
14	L	122	Pnl,Cab Side Outer RT	Refinish	2.5	RF
				2.1 Surface		
				0.4 Two-stage		
15	RI	186	Glass,Cab Side RT	R & I Assembly	0.1	SM
16	RI	130	W/Strip,Cab Glass RT	R & I Assembly	0.6	SM
17	RI	194	Plate,Sill RT	R & I Assembly	INC	SM
18	RI	243	Plate,Sill RT	R & I Assembly	INC	SM
19	EC	200	Sealant Kit,Cab Sd Glis RT	Replace Economy	\$15.00*	SM
20	E	124	# Panel,Cab Trim RT	F87Z1331012AAD	\$257.33	SM
			# = 01, 02			
21	EU	208	Door Assembly,Front RT	Replace Recycled	\$325.00*	SM
22	L	208	Door Shell,Front RT	Refinish	3.3	RF
				1.9 Surface		
				1.0 Edge		
				0.4 Two-stage		
23	RI	286	W/Strip,Belt Outer RT	R & I Assembly	INC	SM
24	RI	331	W/Strip,Belt Inner RT	R & I Assembly	INC	SM
25	RI	232	Pnl,Inner Door Trim RT	R & I Assembly	INC	SM
26	RI	216	Glass,Front Door T RT	R & I Assembly	0.7	SM
27	RI	218	Reg,Front Door Glass RT	R & I Assembly	0.4	SM
28	RI	220	Motor,Front Door Glis RT	R & I Assembly	INC	SM
29	RI	1244	Switch,Frt Door RT	R & I Assembly	0.1	SM
30	RI	557	Handle,Front Door Otr RT	R & I Assembly	INC	SM
31	I	M18	Set-Up And Measure	Repair	2.5*	FR
32	I		HAZARD, WSTE, REM.	Sublet Repair	\$5.00*	SM
33	L		COLOR TINT	Refinish	0.5*	RF
34	L		CORROSION PROTECTION	Refinish	0.5*	SM*
35	I		Pre-Pull Right Body Side	Repair	4.0*	SM*
36	N		Transfer Door Components	Additional Labor	1.0*	SM*
36	Items					

## MC Message

01 CALL DEALER FOR EXACT PART # / PRICE  
 02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO.  
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

## Estimate Total &amp; Entries

Gross Parts	\$280.25	
Other Parts	\$340.00	
Paint Materials	\$336.00	
Parts & Material Total		\$956.25
Tax on Parts & Material	@ 8.200%	\$78.41
Labor	Rate Replace Hrs Repair Hrs Total Hrs	
Sheet Metal (SM)	\$40.00 8.2 25.8 34.0	\$1,360.00
Mech/Elec (ME)	\$84.00	
Frame (FR)	\$65.00 2.5 2.5	\$162.50
Refinish (RF)	\$40.00 11.2 11.2	\$448.00
Paint Materials	\$30.00	
Labor Total		47.7 Hours
Tax on Labor	@ 8.200%	\$161.58
Sublet Repairs		\$5.00
Tax on Sublet	@ 8.200%	\$0.41
Gross Total		\$3,172.15
Less: Deductible		None-
Net Total		\$3,172.15

11/10/2009 02:45 PM

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2009 Ford Ranger XL 2 DR Ext Cab Short Bed  
Claim #: PRIVATE PAY

11/10/2009 02:30 PM

Alternate Parts Y/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 98671 Default

Audatex Estimating 6.0.217 ES 11/10/2009 02:45 PM REL 6.0.217 DT 10/01/2009 DB 11/08/2009  
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2.1 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

#### Op Codes

\* = User-Entered Value  
EC = Replace Economy  
ET = Partial Replace Labor  
TE = Partial Replace Price  
L = Refinish  
TT = Two-Tone  
BR = Blend Refinish  
CG = Chippguard  
AA = Appearance Allowance

E = Replace OEM  
OE = Replace PXN OE Srpls  
EP = Replace PXN  
PM = Replace PXN Reman/Rebit  
PC = Replace PXN Reconditioned  
SB = Sublet Repair  
I = Repair  
RI = R & I Assembly  
RP = Related Prior Damage

NG = Replace NAGS  
UE = Replace OE Surplus  
EU = Replace Recycled  
UM = Replace Reman/Rebuilt  
UC = Replace Reconditioned  
N = Additional Labor  
IT = Partial Repair  
P = Check



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## SUNSET COLLISION REPAIR

COLLISION REPAIR CENTER

2875 E. STREET

WASHOUGAL, WA 98671

(360) 335-1703 (360) 608-0951

FAX (360) 335-8313

0345

EX-196



NAME Vivian McNair - Body Paint WK. OR CELL 509 427 8265  
 ADDRESS 34841 SR 14 PHONE HOME  
 CITY Skamania STATE WA ZIP 98648

YR. 2000 MAKE Ford MODEL Ranger EST. DATE 1/1 TIME AM  
 VIN 1FTZR15K89PB59228  
 DATE IN 1/1 PROPOSED OUT 1/1 TRIM 1/1 COLOR 1/1  
 LICENSE NO. 1/1 ODOMETER 1/1 DATE OF LOSS 1/1  
 INS. CO. 1/1 FILE NO. 1/1 CLAIM NO. 1/1  
 ADJUSTER 1/1 PHONE 1/1 DEDUCTIBLE 1/1 WRITTEN BY 1/1

RE-PAIR	RE-PLACE	DETAILS OF REPAIR	LINE NO.	PARTS	LABOR	PAINT	SUBLET/MISC.
		N = NEW U = USED R = REPAIR S = STRAIGHTEN R/C = RECYCLE / RECHROME / RECORE					
X		R door	1				
X		Side cab panel	2				
X		R fenders fender	3				
			4				
		6 and R side panel (bod) paint	5				
			6				
			7				
			8				
			9				
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			12				
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			21				
			22				
			23				
			24				

I hereby authorize the above work and acknowledge receipt of copy.

## TOTALS

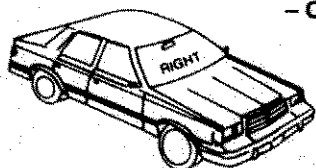
SIGNED X

DATE

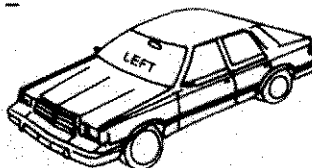


## - PRIOR DAMAGE -

Areas marked by an "X" represent prior damage and are not included in this estimate.



## - CURRENT ESTIMATE -



PAINT	HRS. @ \$	890
LABOR	HRS. @ \$	1500
PARTS	%	640
PAINT/SUPPLIES		350
SUBLET		
TOWING/STORAGE		
ENVIRONMENTAL CHARGES		
SUB-TOTAL		3380
TAX	8.2%	277
TOTAL		\$ 3657

11-17-09

AUDITOR STAFF

ATTACHED ARE 3 BID FOR REPAIRS.

THE LOWEST BID, FROM SCENIC AUTO

BODY IN CARSON WOULD BE MY  
PREFERENCE.

IF YOU HAVE QUESTIONS OR  
CONCERNS, PLEASE CALL

427-8265

ERIK



Washington State Parks and  
Recreation Commission  
[www.parks.wa.gov](http://www.parks.wa.gov)

Beacon Rock State Park  
34841 State Route 14  
Skamania, WA 98648

Phone: (509) 427-8265  
Fax: (509) 427-4471

[Beacon.Rock@parks.wa.gov](mailto:Beacon.Rock@parks.wa.gov)

Erik Plunkett  
Area Manager  
Badge # 258



Beacon Rock State Park  
34841 State Route 14  
Skamania, WA 98648

USA 44  
USA 44  
USA 17  
USA 17

Skamania County  
Auditors Office, Room 27  
Box 790  
Stevenson WA 98648