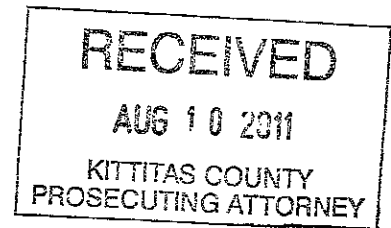


PROSECUTOR 62  
COMMISSIONERS JK  
DEPARTMENT KH  
INSURANCE JP



08/03/2011 01:40:49 PM  
50.00  
Claims Against County/ris/misc  
Kittitas County Auditor

201108030025  
Page 1 of 9  
KITTITAS CO PROS



### KITTITAS COUNTY CLAIM FOR DAMAGES

Return to: County Auditor  
205 W 5<sup>th</sup> Ave, Suite 105  
Ellensburg, WA 98926

**AUDITORS NOTE** Portions of this  
document poor quality for imaging

#### Instructions:

Please read the entire form before completion. Fill out each question as completely as possible, to the best of your ability. Do not hesitate to use the back side of this form if you need more than the space provided. An incomplete response may delay the processing of your claim.

1. Name (Including spouse, if married):

LESA SPRINGER

MICHAEL SPRINGER

2. Phone (Home): (425-313-9474) (Work): (425-894-9140)  
cell

3. Address (include former address if at present address for less than 6 months):

24038 SE 10<sup>th</sup> ST., SAMMAMISH WA 98075

Physical

Mailing

4. Date of Incident:

7/25/2011

5. Location of Incident:

APPROXIMATELY MILE MARKER 67 ON I-90

WEST BOUND

6. Describe in detail the defect which caused the injury:

COUNTY OF KITTITAS DUMP TRUCK CONTINUOUSLY

SPILLING ROCK - SEE ATTACHED DETAILED REPORT

7. Describe in narrative form and in detail exactly how the incident occurred:  
SEE ATTACHED DETAILED REPORT
8. Was claim investigated by a police officer? NO  
Sheriff \_\_\_\_\_ State Patrol \_\_\_\_\_ City Police \_\_\_\_\_
9. Description of claimant's vehicle: HYUNDAI Make 2011 Year  
Model SONATA License No. AES8173
10. Describe what you did after the accident occurred:  
SEE ATTACHED DETAILED REPORT
11. Describe the conversations you had, if any, with County personnel during or after the incident occurred:  
I WAS UNABLE TO GET HIS/HER ATTENTION
12. Describe the damages or injuries which you sustained as a result of the incident:  
SEE DETAILED REPORT
13. What is the amount of damages claimed? (Include estimates and bills, if available):  
\$3249.29
14. How did you identify the County as the party responsible for your damage?  
COUNTY LOGO ON SIDE OF TRUCK  
LICENSE # 52776 C

15. List the names and addresses of all witnesses to the incident:

CARSON SPRINGER

MOLLY SPRINGER

24038 SE 10th ST., SAMMAMISH WA 98075

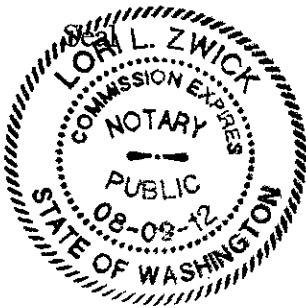
16. Are you covered by insurance? YES If yes, who is your insurance agent/carrier?

Dated this 1st Day of August, 2011.

Ken Sprung

Signature of Claimant

Subscribed and sworn (affirmed) to before me this 1st day of August, 2011.



Lori L. Zwick

Notary Public in and for the State of Washington  
Residing at

Issle City, WA

## **INCIDENT REPORT**

On Monday, July 25, 2011 I was traveling westbound in the far left lane on I-90 near Ellensburg in my 2011 Hyundai Sonata. My 21 year old son and 25 year old daughter were in the car with me. In the lane to my immediate right and slightly ahead was a yellow County of Kittitas dump truck, license plate 52776C. The truck was continuously spilling rock ranging in size from pea gravel to approximately 1" diameter which was bouncing off my hood and windshield. I tried to slow down to allow him to get further ahead, honking my horn to get his attention. I pulled off to the shoulder to my left in order to prevent further damage to my car.

When I was able to pull back onto the freeway he had moved over another lane to the right. I pulled alongside him at that point and my son was able to get the license plate number of the truck. I was unable to get the driver's attention. This was at mile marker 67 at approximately 2:16 in the afternoon. After making note of the license plate I proceeded to get ahead of the driver. I then saw that he pulled off at the Ellensburg exit in my rearview mirror.

I pulled off the highway at the Snoqualmie Pass and called Kittitas County Public Works. I was advised to contact the county auditor, which I did the following day. I washed my vehicle and took the enclosed photos. We noted at least 28 chips on the body, 11 chips on the windshield, and additional damage to the grill and headlamp. It should be noted that this car was only one month old at the time of the incident and had no previous damage. I had the vehicle washed at a carwash on the day prior to the incident and hand dried it. Nothing was noted then. The morning of the 25<sup>th</sup> it rained and, again, I hand dried it and noted nothing.

Please find the photos showing the extent of the damage as well as an estimate for the repairs. I look forward to a quick resolution to this matter. Please contact me if you have any questions.

**GILMAN AUTO BODY CARSTAR**

Federal ID:

26-3324168

Relax, We'll Take It From Here.  
6405 229TH AVE, S.E., ISSAQUAH, WA 98029  
Phone: (425) 392-0101  
FAX: (425) 391-1486

**Preliminary Estimate****Customer: Springer, Lesa**

Written By: Phil Ozbolt

Insured:  
Type of Loss: Comprehensive  
Point of Impact: 12 Front

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 4

**Owner:**  
Springer, Lesa  
24038 SE 10th St  
Sammamish, WA 98075  
(425) 894-9140 Business

**Inspection Location:**  
GILMAN AUTO BODY CARSTAR  
6405 229TH AVE, S.E.  
ISSAQUAH, WA 98029  
Repair Facility  
(425) 392-0101 Business

**Insurance Company:****VEHICLE**

Year: 2011	Body Style: 4D SED	VIN: 5NPEC4AB5BH279777	Mileage In: 0
Make: HYUN	Engine: 4-2.0L-T	License:	Mileage Out:
Model: SONATA LIMITED	Production Date:	State:	Vehicle Out:
Color: Silver/Blue Int:	Condition:	Job #:	

4 Wheel Disc Brakes	Console/Storage	Keyless Entry	Rear Heated Seats
Air Conditioning	Cruise Control	Leather Seats	Satellite Radio
Alarm	Driver Air Bag	Overdrive	Search/Seek
Aluminum/Alloy Wheels	Dual Mirrors	Passenger Air Bag	Signal Integrated Mirrors
AM Radio	Electric Glass Sunroof	Power Brakes	Stability Control
Anti-Lock Brakes (4)	FM Radio	Power Driver Seat	Steering Wheel Controls
Automatic Transmission	Fog Lamps	Power Locks	Stereo
Auxiliary Audio Connection	Front Side Impact Air Bags	Power Mirrors	Telescopic Wheel
Bucket Seats	Head/Curtain Air Bags	Power Steering	Tilt Wheel
CD Changer/Stacker	Heated Mirrors	Power Trunk/Tailgate	Tinted Glass
Clear Coat Paint	Heated Seats	Power Windows	Traction Control
Climate Control	Intermittent Wipers	Rear Defogger	

# Preliminary Estimate

Customer: Springer, Lesa

Vehicle: 2011 HYUN SONATA LIMITED 4D SED 4-2.0L-T Silver/Blue

Line		Operation	Description	Qty	Extended Price \$	Labor	Paint
1			FRONT BUMPER				
2	*	<>	Rpr Bumper cover			<u>3.0</u>	2.8
3			Add for Clear Coat				1.1
4			O/H bumper assy			2.4	
5			GRILLE				
6		Repl	Grille assy chrome	1	538.81	0.3	
7			FRONT LAMPS				
8		Repl	RT Headlamp assy B type bezel	1	252.53	0.3	
9			Aim headlamps			0.5	
10		R&I	LT R&I headlamp assy			0.3	
11			HOOD				
12	*	Rpr	Hood			<u>1.5</u>	3.0
13			Overlap Major Non-Adj. Panel				-0.2
14			Add for Clear Coat				0.6
15		R&I	Molding			0.3	
16			FENDER				
17	*	Rpr	RT Fender			<u>0.5</u>	2.0
18			Overlap Major Adj. Panel				-0.4
19			Add for Clear Coat				0.3
20	*	Rpr	LT Fender			<u>0.5</u>	2.0
21			Overlap Major Adj. Panel				-0.4
22			Add for Clear Coat				0.3
23		R&I	RT Trim molding			0.2	
24		R&I	LT Trim molding			0.2	
25			WINDSHIELD				
26		Repl	Windshield Hyundai	1	432.45	2.9	
27			FRONT DOOR				
28	*	Rpr	RT Mirror assy w/turn signal w/o heated			<u>0.3</u>	0.8
29			Overlap Minor Panel				-0.2
30			Add for Clear Coat				0.1
31	*	R&I	RT Turn signal			<u>0.2</u>	
32		R&I	RT Mirror assy w/turn signal w/o heated			0.3	
33		R&I	RT R&I trim panel			0.6	
34	#	Rpr	Tint to match			0.5	
35	#		Car Cover	1	8.00	0.4	
36	#	Subl	Hazardous waste	1	5.00		
37	#	Repl	Flex Add	1	8.00		
<b>SUBTOTALS</b>					<b>1,244.79</b>	<b>15.2</b>	<b>11.8</b>

## Preliminary Estimate

Customer: Springer, Lesa

Vehicle: 2011 HYUN SONATA LIMITED 4D SED 4-2.0L-T Silver/Blue

### ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,244.79
Body Labor	15.2 hrs @	\$ 52.00 /hr	790.40
Paint Labor	11.8 hrs @	\$ 52.00 /hr	613.60
Paint Supplies	11.8 hrs @	\$ 27.00 /hr	318.60
Subtotal			2,967.39
Sales Tax	\$ 2,967.39 @	9.5000 %	281.90
<b>Grand Total</b>			<b>3,249.29</b>
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>3,249.29</b>

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.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARR1024, CCC Data Date 7/15/2011, 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. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. 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 2010 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.

## Preliminary Estimate

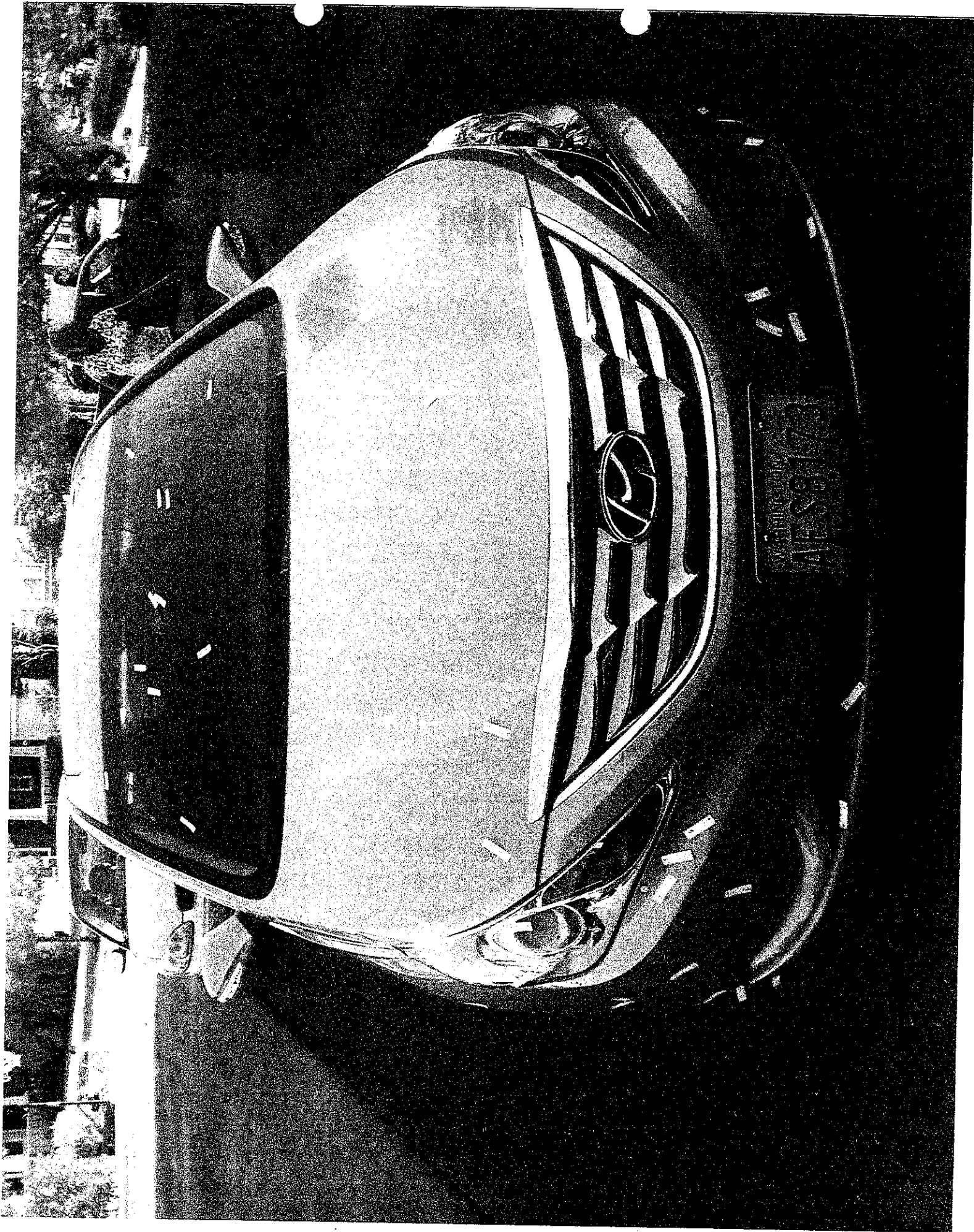
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**Customer: Springer, Lesa**

Vehicle: 2011 HYUN SONATA LIMITED 4D SED 4-2.0L-T Silver/Blue

CCC Pathways - A product of CCC Information Services Inc.





## Neil Caulkins

---

**From:** Lisa Daly [Lisa@wcrp.wa.gov]  
**Sent:** Friday, August 26, 2011 10:24 AM  
**To:** Neil Caulkins  
**Subject:** FW: Claim #:KT2011057035/Kittitas County  
**Attachments:** 11157-SP 2011 08 23 final auto binder.pdf

Hi Neil,

Attached is the information on the desk review on the Lesa Springer matter. We are waiting on a signed "direction of payment" form from the claimant before issuing settlement.

Let me know if you have any questions/concerns.

Thanks,

*Lisa Daly, Claims Assistant*

Washington Counties Risk Pool  
(360) 292-4490 direct  
(360) 292-4501 fax  
[lisa@wcrp.wa.gov](mailto:lisa@wcrp.wa.gov)

---

**From:** Heather Foster [mailto:HeatherF@woclaims.com]  
**Sent:** Wednesday, August 24, 2011 8:51 AM  
**To:** Lisa Daly  
**Subject:** Claim #:KT2011057035/Kittitas County

Hi Lisa:

Attached is Dave's final report and documentation on the above claim. Our final service invoice is also attached for your consideration.

Thanks again for the assignment.

Heather Foster  
Office Manager  
Washington Oregon Claim Service  
[spokane@woclaims.com](mailto:spokane@woclaims.com)  
(509) 328-1851

## Neil Caulkins

---

**From:** Lisa Daly [Lisa@wcrp.wa.gov]  
**Sent:** Friday, August 12, 2011 11:31 AM  
**To:** Neil Caulkins  
**Subject:** FW: Claim for Damages Springer  
**Attachments:** 08-03 Springer, Michael etux.tif

Hi Neil,

I have reviewed this claim and because the estimate is so high, I would like to have a desk review appraisal done by Dave Wilson at Washington Oregon Claim Service. The Risk Pool likes to have appraisals done on any estimate over \$1500. Please let me know any thoughts/concerns you have. I will get Dave on this right away.

Thank you,

*Lisa Daly, Claims Assistant*

Washington Counties Risk Pool  
(360) 292-4490 direct  
(360) 292-4501 fax  
[lisa@wcrp.wa.gov](mailto:lisa@wcrp.wa.gov)

---

**From:** Susan Looker  
**Sent:** Thursday, August 04, 2011 9:48 AM  
**To:** lisa@wcrp.wa.gov  
**Subject:** FW: Claim for Damages Springer

Lisa-

New Kittitas County claim. Please monitor with county.

Thanks,  
Susan

Susan Looker  
Claims Manager  
Washington Counties Risk Pool  
360-292-4481

NOTICE: This communication may contain privileged or other confidential information. If you have received it in error, please advise the sender by reply email and immediately delete the message and any attachments without copying or disclosing the contents. Thank you.

---

**From:** Judy Pless [mailto:judy.pless@co.kittitas.wa.us]  
**Sent:** Thursday, August 04, 2011 8:46 AM  
**To:** Kirk Holmes; Angela Bugni; Carolyn Denton; Catherine Dunn; Greg Zempel; Julie Kjorsvik; Lisa Young; Mandy Robinson; Neil Caulkins; Stephanie Happold; Susan Looker; Suzanne Becker; Zera Lowe  
**Subject:** Claim for Damages Springer

Please find attached a claim for damages filed, Michael & Lesa Springer. Please direct all correspondence to the Prosecutor.

Judy Pless  
Budget & Finance Manager  
Kittitas County Auditor's Office  
Accounting Department  
205 West 5th Ave Suite 105  
Ellensburg, WA 98926  
509-962-7502  
509-962-7687 fax  
[judy.pless@co.kittitas.wa.us](mailto:judy.pless@co.kittitas.wa.us)  
[www.co.kittitas.wa.us](http://www.co.kittitas.wa.us)

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message id: 38eb45916c6dcbdac24bb8719d004a14

## Neil Caulkins

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**From:** Neil Caulkins  
**Sent:** Monday, August 15, 2011 2:10 PM  
**To:** 'Lisa Daly'  
**Subject:** RE: Claim for Damages Springer

I do not.

---

**From:** Lisa Daly [mailto:Lisa@wcrp.wa.gov]  
**Sent:** Friday, August 12, 2011 12:03 PM  
**To:** Neil Caulkins  
**Subject:** RE: Claim for Damages Springer

Hi Neil,

Do you have any color photos of the vehicle? I only received one and it is in black and white. With the desk review, it is helpful if Dave has color photos to look at.

*Lisa Daly*

---

**From:** Lisa Daly  
**Sent:** Friday, August 12, 2011 11:31 AM  
**To:** Neil Caulkins (Neil.caulkins@co.kittitas.wa.us)  
**Subject:** FW: Claim for Damages Springer

Hi Neil,

I have reviewed this claim and because the estimate is so high, I would like to have a desk review appraisal done by Dave Wilson at Washington Oregon Claim Service. The Risk Pool likes to have appraisals done on any estimate over \$1500. Please let me know any thoughts/concerns you have. I will get Dave on this right away.

Thank you,

*Lisa Daly, Claims Assistant*

Washington Counties Risk Pool  
(360) 292-4490 direct  
(360) 292-4501 fax  
[lisa@wcrp.wa.gov](mailto:lisa@wcrp.wa.gov)

---

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**To:** lisa@wcrp.wa.gov  
**Subject:** FW: Claim for Damages Springer

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New Kittitas County claim. Please monitor with county.

Thanks,  
Susan

Susan Looker  
Claims Manager  
Washington Counties Risk Pool  
360-292-4481

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**Sent:** Thursday, August 04, 2011 8:46 AM  
**To:** Kirk Holmes; Angela Bugni; Carolyn Denton; Catherine Dunn; Greg Zempel; Julie Kjorsvik; Lisa Young; Mandy Robinson; Neil Caulkins; Stephanie Happold; Susan Looker; Suzanne Becker; Zera Lowe  
**Subject:** Claim for Damages Springer

Please find attached a claim for damages filed, Michael & Lesa Springer. Please direct all correspondence to the Prosecutor.

Judy Pless  
Budget & Finance Manager  
Kittitas County Auditor's Office  
Accounting Department  
205 West 5th Ave Suite 105  
Ellensburg, WA 98926  
509-962-7502  
509-962-7687 fax  
[judy.pless@co.kittitas.wa.us](mailto:judy.pless@co.kittitas.wa.us)  
[www.co.kittitas.wa.us](http://www.co.kittitas.wa.us)

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message id: 38eb45916c6dcdbdac24bb8719d004a14

## Neil Caulkins

---

**From:** Lisa Daly [Lisa@wcrp.wa.gov]  
**Sent:** Wednesday, August 31, 2011 11:18 AM  
**To:** Neil Caulkins  
**Cc:** Dave Wilson  
**Subject:** Lesa Springer  
**Attachments:** Lesa Springer Payment.pdf

Attached is a copy of the Property damage settlement check on the Lesa Springer matter for your file. It was mailed to the claimant yesterday.

Let me know if you have any questions.

Thanks!

*Lisa Daly, Claims Assistant*

Washington Counties Risk Pool

(360) 292-4490 direct

(360) 292-4501 fax

[lisa@wcrp.wa.gov](mailto:lisa@wcrp.wa.gov)

IMPORTANT NOTE: This communication, including any attachment, contains information that may be confidential or privileged, and is intended solely for the entity or individual to whom it is addressed. If you are not the intended recipient, you should delete this message and are hereby notified that any disclosure, copying, or distribution of this message is strictly prohibited. Nothing in this email, including any attachment, is intended to be a legally binding signature.

**WASHINGTON COUNTIES RISK POOL**

Washington Counties Risk Pool

2558 R.W. Johnson Road SW, Suite 106

Tumwater, WA 98512-6103

(360) 292-4500

Description

From Date

To Date

Invoice #

Invoice Amt

Amount

County Property Damage

\$0.00

\$3,065.72

Claim Number: KT2011057035 Claimant: Lesa Springer Payee: Lesa Springer and Gilman Auto Body Carstar

Check Number: 32436 Total Check Amt: \$3,065.72 Event Date: 7/25/2011

Department: KT-RDD Roads

Memo: Full Settlement Property Damage

PRODUCT DLB162 USE WITH 91500 ENVELOPE

PRINTED IN U.S.A.

A

**WASHINGTON COUNTIES RISK POOL**

2558 R.W. JOHNSON RD. SW, SUITE 106

TUMWATER, WA 98512-6103

(360) 292-4500

Full Settlement Property

Three Thousand Sixty-Five and 72/100 Dollars\*\*\*\*\*

Bank of America



98-882-1233



8/30/2011

\*\*\$3,065.72\*\*

PAY Lesa Springer and Gilman Auto Body Carstar

TO THE 24038 SE 10th Street

ORDER Sammamish, WA 98075

OF

DATE

AMOUNT

  
AUTHORIZED SIGNATURE

Security features. Details on back.



⑈032436⑈ ⑆123308825⑆ 105000001118⑈



# Washington Oregon Claim Service

PO Box 9490  
Spokane, WA 99205  
Phone: 509-328-1851 Fax: 509-327-0166

## FINAL INVOICE

Invoice Number: **SP - 6770**

Date: **8/24/2011**

**To:**  
ATTN: LISA DALY

WASHINGTON COUNTIES RISK POOL  
2558 R.W. Johnson Rd SW, Suite 106  
Tumwater, WA 98512-6103

**Your Claim:** KT2011057035

**Date of Loss:** 7/25/2011

**Our File:** DW 11157-SP

**Insured** KITTITAS COUNTY  
**Claimant** LESA SPRINGER

**Adjuster Services** \$0.00

**Auto Appraisal(s)** \$125.00

**SubTotal** \$125.00

**High Fuel Price Surcharge** \$5.00

**Final Invoice Total** \$130.00

**FULL PAYMENT IS DUE UPON RECEIPT  
THANK YOU, WE VALUE YOUR BUSINESS**

---

**Remit To:**

Washington Oregon Claim Service  
PO Box 25549  
Seattle, WA 98165-1049  
Tax Id #: 91-1151881

# Washington Oregon Claim Service

## FINAL INVOICE

Your Claim: KT2011057035

Invoice Number: SP - 6770

Date: 8/24/2011

Date	Resource	Description	Time	Expense
8/17/2011	Dave Wilson	Inspect & Estimate c/v	125.00	
8/17/2011	Dave Wilson	Photographs: 33 total		
8/17/2011	Dave Wilson	High Fuel Price Surcharge		\$5.00
		Billable Hours	0.00	
		Non Billable Hours	0.00	

**Washington Oregon Claim Service**  
**Appraisal Report**

Company Adjuster: Lisa Daly Fax #:  
Insurance Carrier: Washington Counties Risk Pool Claim #: KT2011057035  
Insured: Kittitas County Vehicle Owner: Lesa Springer  
Date of Loss: 7/25/11 WOCS Claim #: 11157-SP

---

**APPRAISAL STATUS:** We have: ☐ Inspected this Vehicle ☒ Completed the Appraisal

☐ We have been unable to complete the appraisal due to the following:

☐ Unable to Contact Owner ☐ Contacting Owner by Mail ☐ Necessary Disassembly of Unit  
☐ Incorrect Address or Phone No. ☐ Securing Parts Prices ☐ Other – See Comments

---

**APPRAISAL AMOUNT: \$3,065.72**

Agreed Price Obtained: ☒ Yes ☐ No Shop of Owner's Choice ☒ Yes ☐ No

Agreed by (Shop): **Gilman Auto Body CARSTAR** Tax #: **26-3324168**

---

Parts: ☒ LKQ ☐ Exch ☒ AM ☐ RC Available: ☐ Yes ☐ No ☒ N/A

Vendors Contacted (1) Phone #  
(2) Phone #

Depreciation/Betterment ☐ Yes ☒ No Total \$  
Explain:

Appearance or Cash Allowance ☐ Yes ☒ No Total \$  
Explain:

Areas of Possible Additional Damage ☐ Yes ☒ None Found Approx. Dollar Amt. \$  
Describe:

Previous or Unrelated Damage ☐ Yes ☒ None Found Approx. Dollar Amt. \$  
Describe:

---

☐ **TOTAL LOSS** ☐ **BORDERLINE TOTAL**

**ACTUAL CASH VALUE: \$**

High Salvage Bid: \$ Appraiser's Opinion of Salvage \$

Vehicle Year 2011 Make Hyundai Model Sonata Ltd Vin #

Appraisal: ☐ Called In ☐ Faxed ☐ Expressed Date Time  
Date Appraiser: Rec'd 8/12/11 Cont'd 8/12/11 Insp'd Cls'd 8/23/11

---

**Comments: We received this desk review assignment on 8/12/11. I reviewed the information provided by Gilman Auto Body and felt some of the labor hours were excessive. I spoke with the shop regarding some of the line items such as R&I the interior door panel. I felt it was not necessary to do this. I also adjusted the labor hours from \$52.00 to \$50.00 per hour. After the**

---

adjustments were made I faxed a copy of my estimate to the shop and they have agreed to it. The shop also advised that they would send a direction of payment for the amount of our estimate signed by the claimant. As of this date, I have not yet received this. I will forward this to you upon receipt.

I suggest that payment be made to the claimant and Gilman Auto Body in the amount of \$3,065.72.

This will complete the assignment you have given to us. With this report I am closing my file with our final service invoice attached.

Thank you again for the assignment.

Appraiser     Dave Wilson  
                  davewilson@woclaims.com

Tele #        (509) 328-1851     Date            8/23/11

Date: 8/23/2011 11:45 AM  
 Estimate ID: KT2011057035  
 Estimate Version: 0  
 Preliminary  
 Profile ID: \* Mitchell

## Washington Oregon Claim Service

West 1411 Garland Ave # A P.O. Box 9490, Spokane, WA 99205  
 (509) 328-1851  
 Fax: (509) 327-0166

Damage Assessed By: david wilson

Condition Code: Good  
 Date of Loss: 7/25/2011  
 Contact Date: 8/15/2011  
 Deductible: UNKNOWN  
 Claim Number: KT2011057035

Type of Loss: Property Damage  
 Arrival Date: 8/12/2011  
 Accident Date: 7/25/2011

Claimant: Lesa Springer  
 Owner: lesa Springer

Mitchell Service: 911313

Description: 2011 Hyundai Sonata Limited  
 Body Style: 4D Sed  
 VIN: 5NPEC4AB5BH279777  
 Mileage: 2,580  
 OEM/ALT: O

Drive Train: 2.4L Inj 4 Cyl 6A FWD  
 License: AE58173 WA

Search Code: None

Options: POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, CRUISE CONTROL  
 TILT STEERING COLUMN, TELESCOPIC STEERING COLUMN, ANTI-LOCK BRAKE SYS.  
 TRACTION CONTROL, ALUM/ALLOY WHEELS, AUXILIARY INPUT, LEATHER STEERING WHEEL  
 SATELLITE RADIO, AUTOMATIC TRANSMISSION, FRONT AIR DAM, TINTED GLASS  
 AUTO AIR CONDITION, TRIP COMPUTER, SUBWOOFER, UNIVERSAL GARAGE DOOR OPENER  
 VARIABLE ASSISTED STEERING, ANTI-THEFT SYSTEM, AUTOMATIC HEADLIGHTS  
 INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR, DAYTIME RUNNING LIGHTS  
 AM/FM STEREO CD CHANGER/MP3 PLAYER, ELECTRONIC STABILITY CONTROL  
 FRONT HEATED BUCKET SEATS, FRONT SEATS WITH POWER LUMBAR SUPPORT  
 INTERIOR AIR FILTER, KEYLESS ENTRY SYSTEM, POWER DISC BRAKES  
 POWER HEATED EXTERIOR MIRRORS, POWER LIFTGATE/TRUNK  
 STEERING WHEEL AUDIO CONTROLS, SUNROOF/MOONROOF (POWER)

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	101700	REF	REFINISH	Frt Bumper Cover			C 2.6
2	101702	BDY	OVERHAUL	Frt Bumper Cover Assy			2.4 #
3	100434	BDY	REPAIR	Frt Bumper Cover	Existing		2.0* #
4	100415	BDY	REMOVE/REPLACE	Grille Assembly	86350-3S100	538.81	INC
5	100422	BDY	REMOVE/REPLACE	R Front Combination Lamp Assembly	92102-3Q100	252.53	INC #
6	AUTO	BDY	CHECK/ADJUST	Headlamps			0.4
7	101542	BDY	REPAIR	Hood Panel	Existing		1.5*
8	AUTO	REF	REFINISH	Hood Outside			C 2.8
9	101322	BDY	REPAIR	R Fender Panel	Existing		0.5* #
10	AUTO	REF	REFINISH	R Fender Outside			C 1.6
11	101323	BDY	REPAIR	L Fender Panel	Existing		0.5* #
12	AUTO	REF	REFINISH	L Fender Outside			C 1.6
13	100840	BDY	REMOVE/INSTALL	R Fender Moulding			0.3
14	100841	BDY	REMOVE/INSTALL	L Fender Moulding			0.3
15	100183	GLS	REMOVE/REPLACE	W/Shield Glass	86110-3Q001	432.45	3.1 #
16	900500	BDY *	REMOVE/REPLACE	Glass kit	New	19.95 *	0.0*
17	101713	BDY	REPAIR	R Frt Door Rear View Mirror	Existing		0.3* #
18	AUTO	REF	REFINISH	R Frt Door Mirror			C 0.7
19	101721	BDY	REMOVE/INSTALL	R Frt Door Turn Signal Lamp	Existing		0.2*
20	AUTO	REF	ADD'L OPR	Clear Coat			2.4

ESTIMATE RECALL NUMBER: 08/17/2011 14:38:25 KT2011057035

Mitchell Data Version: OEM: JUN\_11\_V

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Date: 8/23/2011 11:45 AM  
 Estimate ID: KT2011057035  
 Estimate Version: 0  
 Preliminary  
 Profile ID: \* Mitchell

21	933003	REF	ADD'L OPR	Tint Color		
22	933018	REF	ADD'L OPR	Mask For Overspray		5.00 *
23	AUTO		ADD'L COST	Paint/Materials		366.00 *

\* - Judgment Item  
 # - Labor Note Applies  
 C - Included in Clear Coat Calc

## Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary				Amount
Units	Rate	Add'l Labor Amount	Sublet Amount	Totals						
Body	8.4	50.00	0.00	0.00	420.00 T	Taxable Parts				1,243.74
Refinish	12.2	50.00	5.00	0.00	615.00 T	Sales Tax @ 9.500%				118.16
Glass	3.1	50.00	0.00	0.00	155.00 T	Total Replacement Parts Amount				1,361.90
Taxable Labor					1,190.00					
Labor Tax @ 9.500 %					113.05					
Labor Summary 23.7					1,303.05					
III. Additional Costs					Amount	IV. Adjustments				Amount
Taxable Costs					366.00	Customer Responsibility				0.00
Sales Tax @ 9.500%					34.77					
Total Additional Costs					400.77					
Paint Material Method: Rates										
Init Rate = 30.00 , Init Max Hours = 99.9, Addl Rate = 0.00										
						I. Total Labor:				1,303.05
						II. Total Replacement Parts:				1,361.90
						III. Total Additional Costs:				400.77
						Gross Total:				3,065.72
						IV. Total Adjustments:				0.00
						Net Total:				3,065.72

This is a preliminary estimate.  
Additional changes to the estimate may be required for the actual repair.

Insurance Co: Washington Counties Risk pool  
 Telephone: (360) 292-4490

Inspection Site: Desk Review  
 Inspection Date: 8/16/2011

Date: 8/23/2011 11:45 AM  
Estimate ID: KT2011057035  
Estimate Version: 0  
Preliminary  
Profile ID: \* Mitchell

Body Shop: Gilman Auto Body Carstar  
Address: 6405 229th Ave S.E  
Issaquah, WA 98029  
Telephone: (425) 392-0101  
Fax Phone: (425) 391-1486  
State Lic. No: 26-3324168

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