

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

CDS@CO.KITTITAS.WA.US

Office (509) 962-7506

Fax (509) 962-7682

February 8, 2012

Neil Caulkins
Prosecuting Attorney Office
205 W Fifth, Room 213
Ellensburg, WA 98926

Re: Claim from City of Ellensburg

Mr. Caulkins:

I received documentation on the above listed claim as filed with the Auditor's office and have reviewed the information. This letter is to inform you that I concur with the documents filed by the City of Ellensburg regarding the claim for damages; a county employee did back into a City of Ellensburg vehicle that was in the drive through of the Koletty's Koffee.

Please call if you any further questions.

Sincerely,

Kirk Holmes
Building Official

Neil Caulkins

From: Tammy Cahill [Tammy@wcrp.wa.gov]
Sent: Tuesday, February 07, 2012 12:15 PM
To: Neil Caulkins
Cc: Lisa Young
Subject: FW: Claim #: Pending/Kittitas County-Ellensburg PD
Attachments: 10000626 Final Rpt.pdf; 19000626- CV est.pdf

Hi Neil –

Here is the appraiser report on the City vehicle claim. As indicated in his report we recommend paying off the low estimate provided by the Body Shop but indicating any supplements must be approved by Dave Wilson of WA OR Claim Service. Again – I am awaiting your check request to finalize this claim.

Thank you,

Tammy Cahill

Tammy Cahill, Claims Analyst
360-292-4484 Direct
360-292-4501 Fax
tammy@wcrp.wa.gov

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From: Heather Foster [mailto:HeatherF@woclaims.com]
Sent: Monday, February 06, 2012 10:13 AM
To: Tammy Cahill
Subject: Claim #: Pending/Kittitas County-Ellensburg PD

Hi Tammy:

The attached is being sent on behalf of our adjuster, Dave Wilson. Our final service invoice will follow (new billing system).

Thanks again.

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

Washington Oregon Claim Service
Appraisal Report

Company Adjuster: Tammy Cahill Fax #:
Insurance Carrier: Washington Counties Risk Pool Claim #: Pending
Insured: Kittitas County Vehicle Owner: Ellensburg Police Dept.
Date of Loss: 1/17/12 WOCS Claim #: 19000626

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: \$1,567.89

Agreed Price Obtained: ☐ Yes ☒ No Shop of Owner's Choice ☐ Yes ☐ No
Agreed by (Shop): Tax #:

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: \$ 5,550.00

High Salvage Bid: \$ Appraiser's Opinion of Salvage \$
Vehicle Year 2001 Make Buick Model LeSabre Vin #
Custom 4dr

Appraisal: ☐ Called In ☐ Faxed ☐ Expressed Date Time
Date Appraiser: Rec'd 2/3/12 Cont'd 2/3/12 Insp'd 2/3/12 Cls'd 2/6/12

Comments: I reviewed the documents provided with this desk review assignment. My estimate reflects the average labor rate and paint/material time for the area. The estimate from McIntosh's Auto Body. Their estimate reflects repair of the right door shell for 7.0 hours. Based

on my review of the photos, I feel this door panel needs to be replaced rather than try to repair it. I also noted there was no blend time included for the right fender and that the blend time for the right door was a little low. I would recommend payment be based on the low estimate from McIntosh's Auto in the amount of \$957.69.

I would recommend that the claimant be advised that if additional damage is found upon taking the vehicle to the body shop and/or if the shop does conclude the door panel needs replacement versus repair, they should contact me to approve any supplements.

At this time I am closing my file. Our final service invoice will follow under separate cover.

Thank you again for the assignment.

Appraiser Dave Wilson
 davewilson@woclaims.com

Tele # (509) 328-1851 Date 2/6/12

Date: 2/ 3/2012 12:52 PM
 Estimate ID: PENDING
 Estimate Version: 0
 Preliminary
 Profile ID: * Spokane

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
 Arrival Date: 2/ 2/2012
 Contact Date: 2/ 3/2012
 Deductible: UNKNOWN
 Claim Number: PENDING

Accident Date: 1/17/2012

Insured: Ellensburg Police Dept
 Claimant: City of Ellensburg
 Owner: City of Ellensburg

Mitchell Service: 915497

Description: 2001 Buick LeSabre Custom
 Body Style: 4D Sed
 VIN: 1G4HP54K614189766
 OEM/ALT: A
 Options:

Drive Train: 3.8L Inj 6 Cyl 4A FWD
 License: 299-ZWZ WA
 Search Code: B817164

PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW
 POWER STEERING, REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, CRUISE CONTROL
 TILT STEERING COLUMN, ANTI-LOCK BRAKE SYS., FOG LIGHTS, FRONT AIR DAM
 TINTED GLASS, SIDE AIRBAGS, ANTI-THEFT SYSTEM, AUTOMATIC HEADLIGHTS
 DAYTIME RUNNING LIGHTS, AM/FM STEREO CASSETTE, FRONT SPLIT BENCH SEAT
 KEYLESS ENTRY SYSTEM, POWER DISC BRAKES, POWER LIFTGATE\TRUNK
 REAR WINDOW DIVERSITY ANTENNA, STEERING WHEEL MOUNTED CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	500045	BDY	CHECK/ADJUST	Headlamps			0.4
2	500046	BDY	REMOVE/INSTALL	R Front Combination Lamp			0.4
3	500150	REF	BLEND	R Fender Outside			C 0.9
4	500628	REF	REFINISH	R Frt Door Outside			C 2.1
5	500638	BDY	REMOVE/REPLACE	R Frt Door Repair Panel	25739129 GM PART	477.75	6.5 #
6	AUTO	REF	REFINISH	R Frt Add For Jambs			C 0.5
7	501271	BDY	REMOVE/INSTALL	R Frt Otr Belt Moulding			INC
8	502068	BDY	REMOVE/INSTALL	R Frt Door Rear Applique			0.2
9	500646	BDY	REMOVE/INSTALL	R Frt Rear View Mirror			INC #
10	500662	BDY	REMOVE/INSTALL	R Frt Door Trim Panel			INC
11	500689	BDY	REMOVE/INSTALL	R Frt Otr Door Handle			INC #
12	500741	REF	BLEND	R Rear Door Outside			C 0.9
13	502070	BDY	REMOVE/INSTALL	R Rear Door Front Applique			0.2
14	501855	BDY	REMOVE/INSTALL	R Rear Otr Belt Moulding			0.3
15	500763	BDY	REMOVE/INSTALL	R Rear Door Trim Panel			INC
16	500787	BDY	REMOVE/INSTALL	R Rear Otr Door Handle			0.7 #
17	AUTO	REF	ADD'L OPR	Clear Coat			1.4
18	933003	REF	ADD'L OPR	Tint Color			0.5*
19	900500	BDY *	REMOVE/REPLACE	Right door Pinstripe	Sublet	20.00	* 0.0*
20	933018	REF	ADD'L OPR	Mask For Overspray		5.00	* 0.2*
21	AUTO		ADD'L COST	Paint/Materials		189.00	*

ESTIMATE RECALL NUMBER: 02/03/2012 10:38:30 PENDING
 Mitchell Data Version: OEM: NOV_11_V

Software Version: 7.0.436

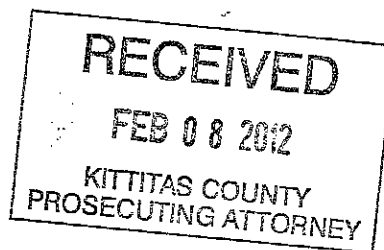
Copyright (C) 1994 - 2011 Mitchell International
 All Rights Reserved

Page 1 of 2

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

Estimate Totals

PROSECUTOR 62
COMMISSIONERS JK
DEPARTMENT MW KH
INSURANCE JP



AUDITORS NOTE Portions of this document poor quality for imaging

KITTITAS COUNTY CLAIM FOR DAMAGES

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

02/01/2012 11:10:17 AM
\$0.00
Claims Against County/ris/misc
Kittitas County Auditor

201202010002
Page 1 of 25
K CO PROSEC



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):
City of Ellensburg
2. Phone (Home): () (Work): 509-962-7221) City Manager's Office
3. Address (include former address if at present address for less than 6 months):
501 N. Anderson St.
Physical
Same as physical address
Mailing
4. Date of Incident:
1-17-12
5. Location of Incident:
Kittitas County Permit Office, south parking lot, 411 N. Ruby Street
6. Describe in detail the defect which caused the injury:
There was no defect.

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

County vehicle backed out of parking space into City vehicle while City vehicle was in coffee stand drive through causing damage to front passenger door of City vehicle.

8. Was claim investigated by a police officer? Yes

Sheriff _____ State Patrol _____ City Police X E12-00696 attached

9. Description of claimant's vehicle: Buick Make 2001 Year

Model LeSabre - Custom License No. 299ZWZ

10. Describe what you did after the accident occurred:

Detective Josh Ingraham (driver of City vehicle) contacted his supervisor at the Ellensburg Police Department.

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

Respective drivers determined no one was hurt and contacted their supervisors.

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

No personal injuries; Property damage to front passenger side of City vehicle--see photos attached to police report.

13. What is the amount of damages claimed? (Include estimates and bills, if available):

\$957.69 - McIntosh Autobody, Inc. - low estimate (3 total estimates attached)

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

County employee Lisa Nuckolls operating a marked County vehicle.

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

Lindsey Grove, 203 S. Pearl St., #216, Ellensburg, WA 98926

Josh Ingraham, Ellensburg Police Dept., 100 N. Pearl St., Ellensburg, WA 98926

Lisa Nuckolls, 2850 Wilson Creek Road, Ellensburg, WA 98926

Stephanie M. Mifflin, 5710 Sorenson Road, Ellensburg, WA 98926 (passenger in County vehicle)

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

Assoc. of Washington Cities-Risk Management Services Agency,
1076 Franklin St., SE, Olympia, WA 98501-1346; 1-800-562-8981

Dated this 31st Day of JANUARY, 2012.

Signature of Claimant

THEODORE A. BARKLEY
CITY MANAGER

Subscribed and sworn (affirmed) to before me this 31st day of JANUARY, 2012.



Deborah A. Keno

Notary Public in and for the State of Washington
Residing at Ellensburg

Comm. Expires: 3-24-15

Kittitas County

AUTOMOBILE SUPPLEMENT TO CLAIM FORM AND DEPARTMENT HEAD'S CONFIDENTIAL WRITTEN REVIEW

VEHICLES:

Your Car

Other Car*

1. Type & make of vehicle 2001 Buick Lesabre 2008 Ford Escape
2. Operator JOHN INGRAHAM LISA NUCKOLLS
3. Owner ELLENSBURG POLICE Dept Kittitas County
4. Driver's license number IN6RAJD218J4 NUCKOLLM3150D
5. License plate number 299ZWZ 84068C
6. Damage to Vehicle? PASSENGER FRONT DOOR Dented Left Driver's side rear bumper car
If so, what parts? _____
7. Value of vehicle before the collision? _____
8. Value of vehicle after collision? _____
9. Repairs required? Yes _____
10. Name of company doing repairs. _____
11. Amount of bill- _____
12. Was this investigated by: State Patrol _____ City Police X
Sheriff _____

(IF MORE THAN 2 CARS WERE INVOLVED, USE ADDITIONAL FORM AND NUMBER CARS)

Vehicle occupants (includes driver) or pedestrians injured or killed – indicate by number in column 3 one of the following applicable categories:

1. Fatally injured
2. Broken bones
3. Concussion- momentary unconsciousness
4. Cuts & abrasions (medical treatment req)
5. Non-incapacitated- cuts & bruises
6. Hospitalized- name of hospital

Veh 1	Veh 2	NAME	SEX	AGE	ADDRESS	3	INJURY

N/A



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REF T NO. 3556306

INTERSTATE ☐ CITY STREET ☐
STATE ROUTE ☐ OTHER ☐
COUNTY RD ☐ PRIVATE WAY ☒

FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

CASE # E12-00696
LOCAL AGENCY CODING WA0190100
TOTAL OF UNITS 02
UNIT 01

TRIAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
01-17-2012 1437 19 N E IN S W OF 0380

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
411 N RUBY ST; PARKING LOT BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
MILES N E S W FEET S W

UNIT 01 DAMAGE THRESHOLD MET YES NO PHONE 509-962-7280

LAST NAME INGRAHAM FIRST NAME JOSHUA MIDDLE INITIAL D

STREET NEW ADDRESS 100 N PEARL ST

CITY ELLENBURG STATE WA ZIP 98926

DRIVER LICENSE INGRAJD21854 STATE WA EX M 04-24-1979

ON DUTY ☐ STATUS AIRBAG 2 RESTRI 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

DRIVER LICENSE 2992WZ STATE WA VIN 1G4HPS4K614189766

TRAILER PLATE STATE TRAILER PLATE STATE

VEH YEAR 2001 MAKE Buick MODEL LESABRE STYLE 4 DR VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO ELLENBURG POLICE DEPARTMENT 100 N PEARL ST ELLENBURG, WA 98926

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # ASSOCIATION OF WA CITIES CITATION # CHARGE

UNIT 02 DAMAGE THRESHOLD MET YES NO PHONE 509-962-7047

LAST NAME NUCKOUS FIRST NAME LISA MIDDLE INITIAL M

STREET NEW ADDRESS 2850 Wilson Creek RD

CITY ELLENBURG STATE WA ZIP 98926

DRIVER LICENSE NUCKOUM3150D STATE WA EX F 09-04-1969

ON DUTY ☐ STATUS AIRBAG 2 RESTRI 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

DRIVER LICENSE XMT8406BC STATE WA VIN 1FMCU92Z18KA42609

TRAILER PLATE STATE TRAILER PLATE STATE

VEH YEAR 2008 MAKE FORD MODEL ESCAPE STYLE 4 DR VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO KITTITAS County 205 E 5TH AVE RM 105 ELLENBURG, WA 98926

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # KITTITAS County Insured CITATION # CHARGE

OFFICER'S NAME (PRINT) Cory BAIRD BADGE OR ID # 136 AGENCY ELLENBURG PD



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION ☐

RE

RT NO.

3556306

CASE #

E12-00696

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) MIFFLIN, STEPHANIE M

ADDRESS & PHONE # 5710 SERENSON RD ELLensburg, WA 98926 (509) 929-3866 SEX F DOB 11-08-1987

PASSENGER ☒ WITNESS ☐ UNIT 02 SEAT POS 3 AIRBAG 2 RESTRAINT 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) GROVE, LINDSEY J

ADDRESS & PHONE # 203 S PEARL ST, 216 ELLensburg, WA 98926 (206) 310-3872 SEX F DOB 03-05-1990

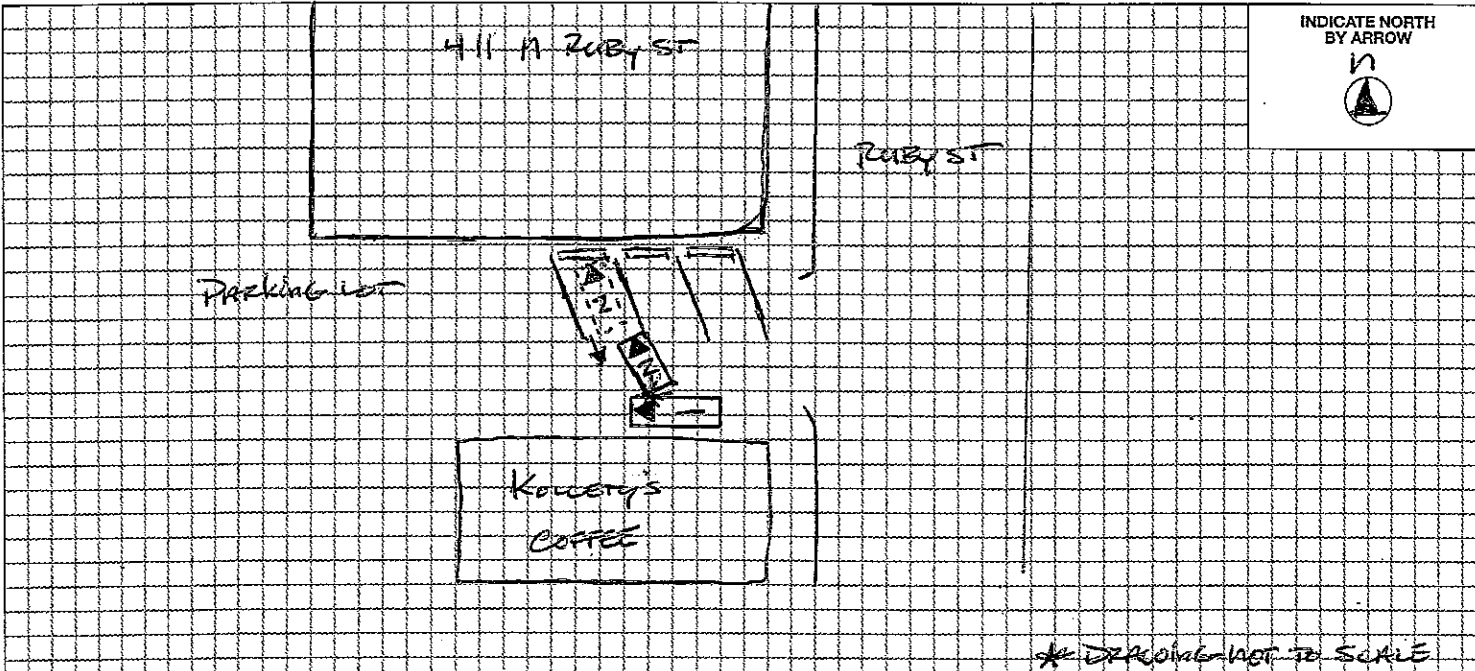
PASSENGER ☐ WITNESS ☒ UNIT SEAT POS AIRBAG RESTRAINT EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

PASSENGER ☐ WITNESS ☐ UNIT SEAT POS AIRBAG RESTRAINT EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

DIAGRAM



NARRATIVE

UNIT 01 (OCCUPIED X'S 1) WAS STOPPED AT KOLLENS COFFEE, FACING W/B.
UNIT 02 (OCCUPIED X'S 2) BACKED UP FROM A PARKING STALL ON THE SOUTH SIDE
OF 4TH N RUBY ST AND STRUCK THE FRONT PASSENGER DOOR OF UNIT 01 CAUSING
SIGNIFICANT DAMAGE. WITNESS TO COLLISION ADVISED UNIT 02 BACKED UP FROM
PARKING STALL AND STRUCK UNIT 01.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE [Signature] 136/140 UNIT OR DIST. DET 01-17-2012 DATED ELLensburg, WA PLACE SIGNED

APPROVED BY [Signature] DATE 1-17-12

BADGE OR ID # 136 ORI # WA0190100 TIME POLICE DISPATCHED 1438 TIME POLICE ARRIVED 1443

Ellensburg Uniform Incident Report

CASE #: E12-00696

CRIME: Two Car Non-Injury Accident

COPY

NARRATIVE:

On 01-17-2012, at 1438 hours I responded to a reported two car, non-injury, non-blocking collision in the parking lot at 411 N Ruby St. KITTCOM advised per the RP, Kittitas County employee, Mandi Weed that a county employee had backed into another vehicle which had been stopped in the drive-thru of an espresso stand.

On arrival I made contact with the drivers of both vehicles identified as, Kittitas County employee, Lisa Nuckolls and EPD Anti-Crime Detective Ingraham. Both parties advised me no one was injured and medical aid was not necessary.

I spoke to Det Ingraham who told me he had been stopped in the Kolletty's Coffee drive thru in his vehicle, a brown Buick LeSabre (WA license 299ZWZ). According to Det Ingraham while he sat in the drive thru, Nuckolls suddenly backed into his vehicle, striking the front passenger door causing an estimated \$700.00 to \$800.00 worth of damage. (See photos attached).

I then spoke with Nuckolls, who had been driving a county owned vehicle, a Ford Escape (WA license XMT84068C). Nuckolls told me she and her passenger, Stephanie Mifflin had just gotten into the vehicle and were backing up from a parking stall when she suddenly struck Det Ingraham's vehicle. Nuckolls showed me the damage to her vehicle, which consisted of a large crack and scuff marks on the left rear fender. (See photos attached).

Nuckolls advised me she was unable to see Det Ingraham's vehicle behind hers due to the fact her vehicle sat higher off the ground than Det Ingraham's. I did note while on scene that Nuckolls vehicle did in fact sit higher than the other vehicle, and there was also a large tire in the very back of the vehicle which may have obstructed Nuckolls view. I also noticed that the driver's side view mirror was covered in fresh snow.

After speaking with Nuckolls I spoke with a witness, and Kollety's Coffee employee, Lindsey Grove who corroborated what Nuckolls and Det Ingraham told me. I provided Grove with a witness statement which she told me she would complete and return as soon as possible.

To get a better idea of Nuckolls point of view at the time of the collision I stood at the front of the vehicle she had been driving and looked through the rear window. I noticed that the top of Det Ingraham's vehicle was not visible. (See photo attached).

Based on my observations while on scene along with circumstances of the collision Nuckolls was not cited.

PTCR was completed.

I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct to the best of my knowledge.

☐ NON-DISCLOSURE NAME:

Distribution:

☐ District Court

☐ Superior Court

<input type="checkbox"/> Anti-Crime	<input type="checkbox"/> ASPEN
<input type="checkbox"/> Child Protective Services (CPS)	<input type="checkbox"/> City Attorney
<input type="checkbox"/> City Prosecutor	<input type="checkbox"/> CWU Student Affairs
<input type="checkbox"/> Detectives	<input type="checkbox"/> DOC
<input type="checkbox"/> Juvenile Probation	<input type="checkbox"/> Juvenile Prosecutor
<input type="checkbox"/> Liquor Control Board	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Misdemeanant Probation	<input type="checkbox"/> Prosecutor
<input type="checkbox"/> WSP	<input type="checkbox"/> 7 Day Board
<input type="checkbox"/> Other: _____	

Date: Tue Jan 17 17:42:55 PST 2012

Officer Signature: _____  #136

Officer Name/Badge #: C Baird 136

LOCATION: Ellensburg, Kittitas County, Washington

LAW ENFORCEMENT WITNESS STATEMENT

CASE INFORMATION:

Law Enforcement Agency: **Ellensburg Police Department**

Suspect(s) Name: LISA NUCKOLS Incident No.: E12-00696

Officer(s) Name: (print last name & badge #) CBARR 136

WITNESS INFORMATION:

Name: LINDSEY J. GROVE Date of Birth: 3/5/90
(first middle initial last)

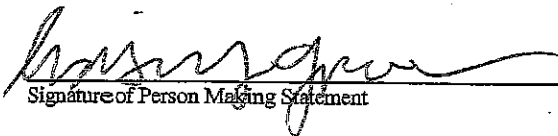
Address: 203 S PEARL ST #216 ELLensburg, WA 98926
(street number, street, city, state, zip)

Alternate Address: _____

Phone Numbers: (home) (206) 310-3812 (work) _____ (other) _____
(PO Box or other permanent contact address)

Statement: I WAS WORKING AT KOLTTU'KOFFEE WHEN I
WAS MAKING COFFEE FOR THE GENTLEMEN. I HEARD
A CRUNCH NOISE AND LOOKED OVER AND SAW THAT
HIS CAR HAD BEEN HIT BY A LADY IN A WHITE
VEHICLE.

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:


Signature of Person Making Statement

1/17/2012
Date Signed

ELLensburg, WA
City & State Where Signed

Signature required on all pages used.

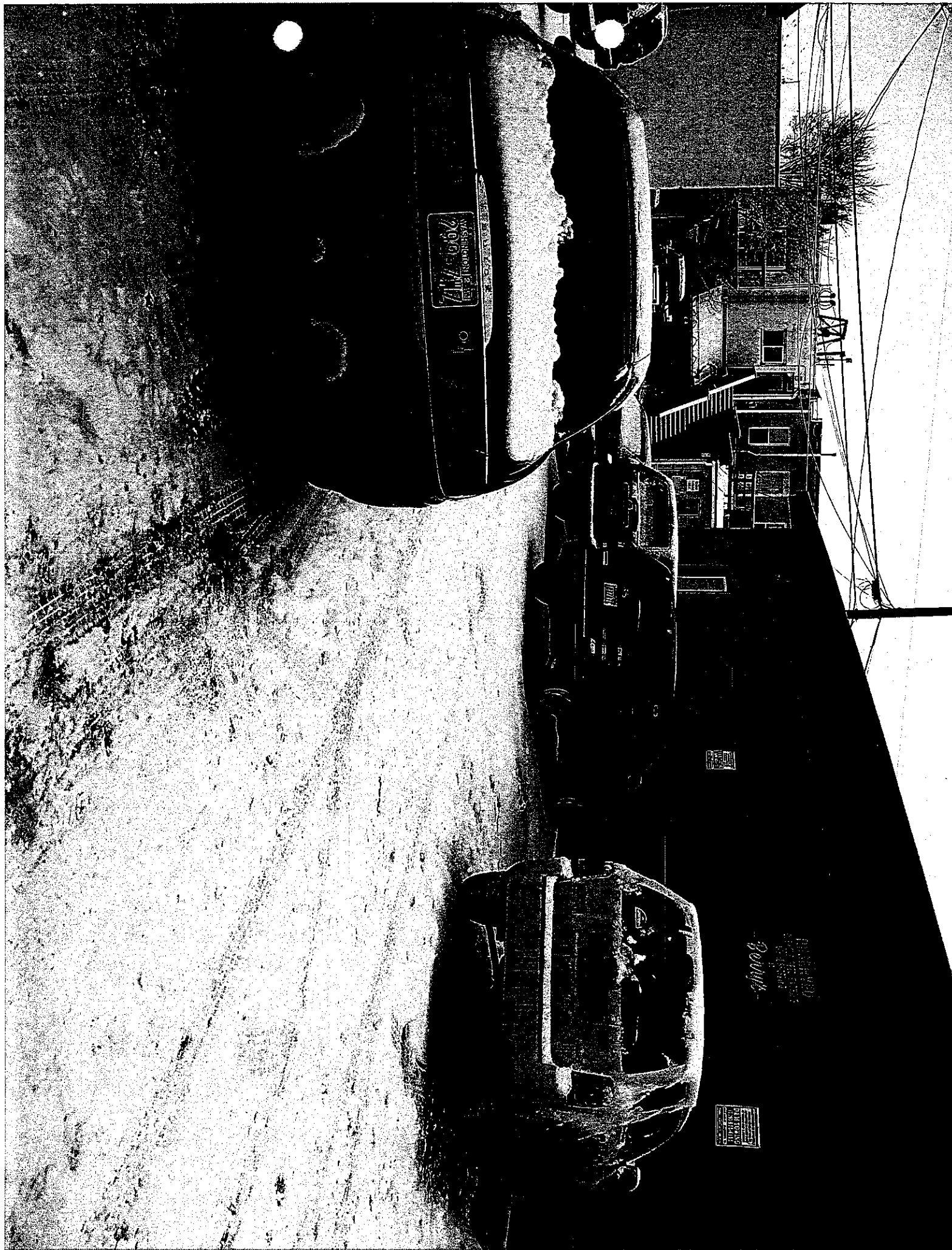
Page ____ of ____

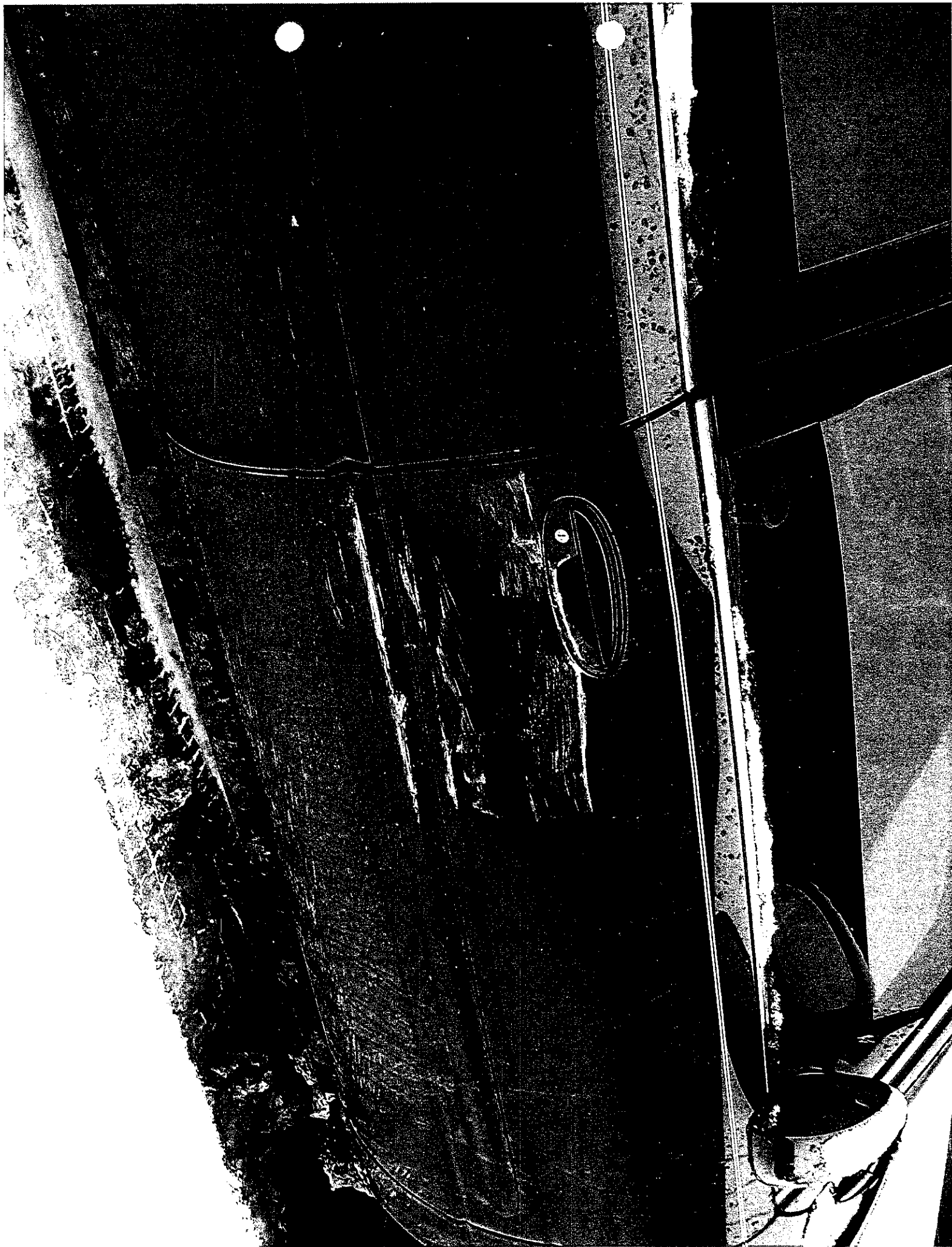
[] I believe disclosure under the Public Records Act of my identifying information would endanger life, physical safety, or property. I am asking for this information not to be disclosed pursuant to RCW 42.56.240

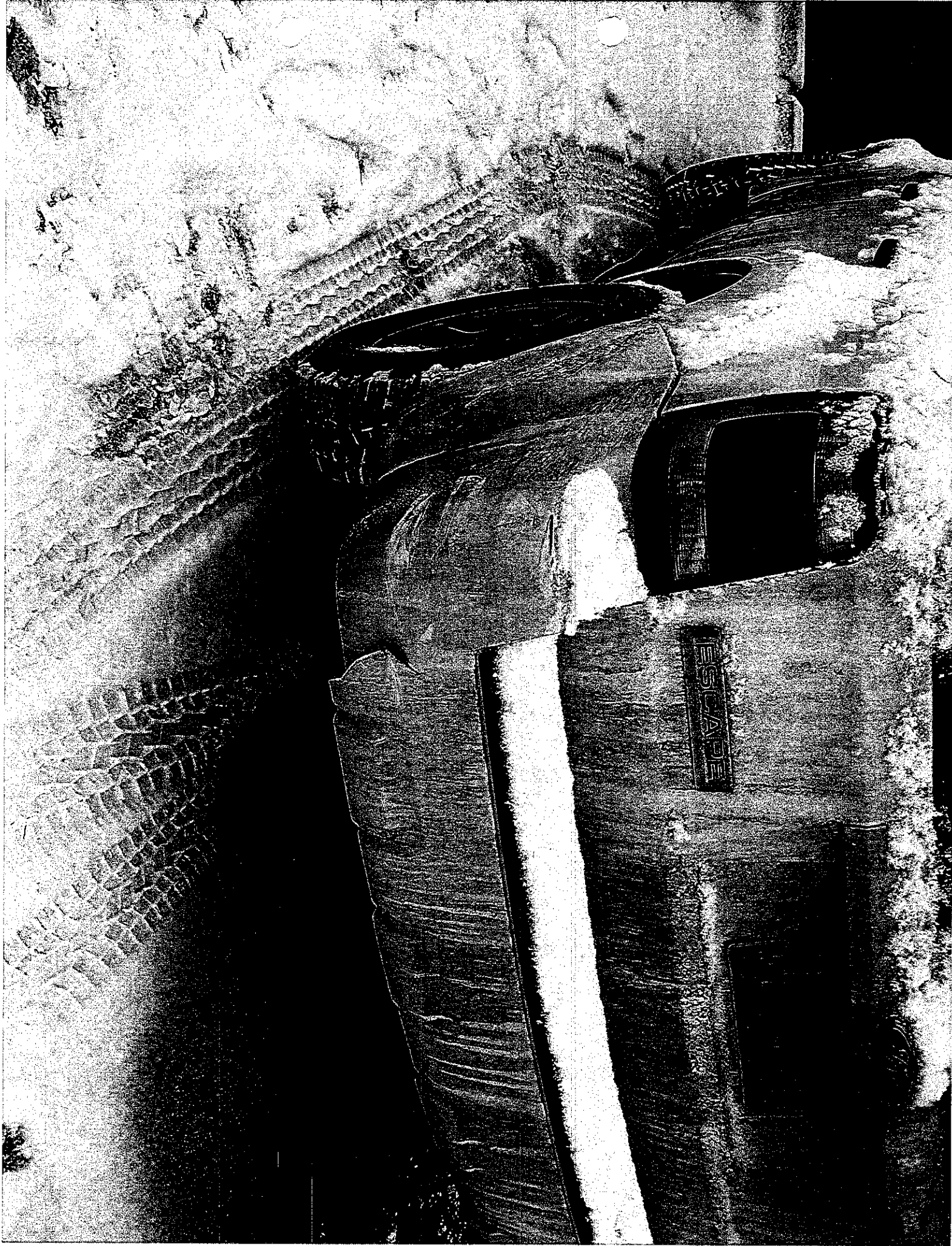
For Office Use Only

Closed by Arrest? ____ Yes ____ No Primary Officer # ____ Secondary Officer # ____

Distribution: CA PA JVPA DC CPS DSHS MH Other _____

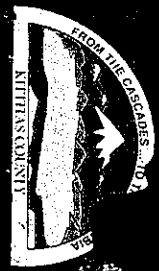


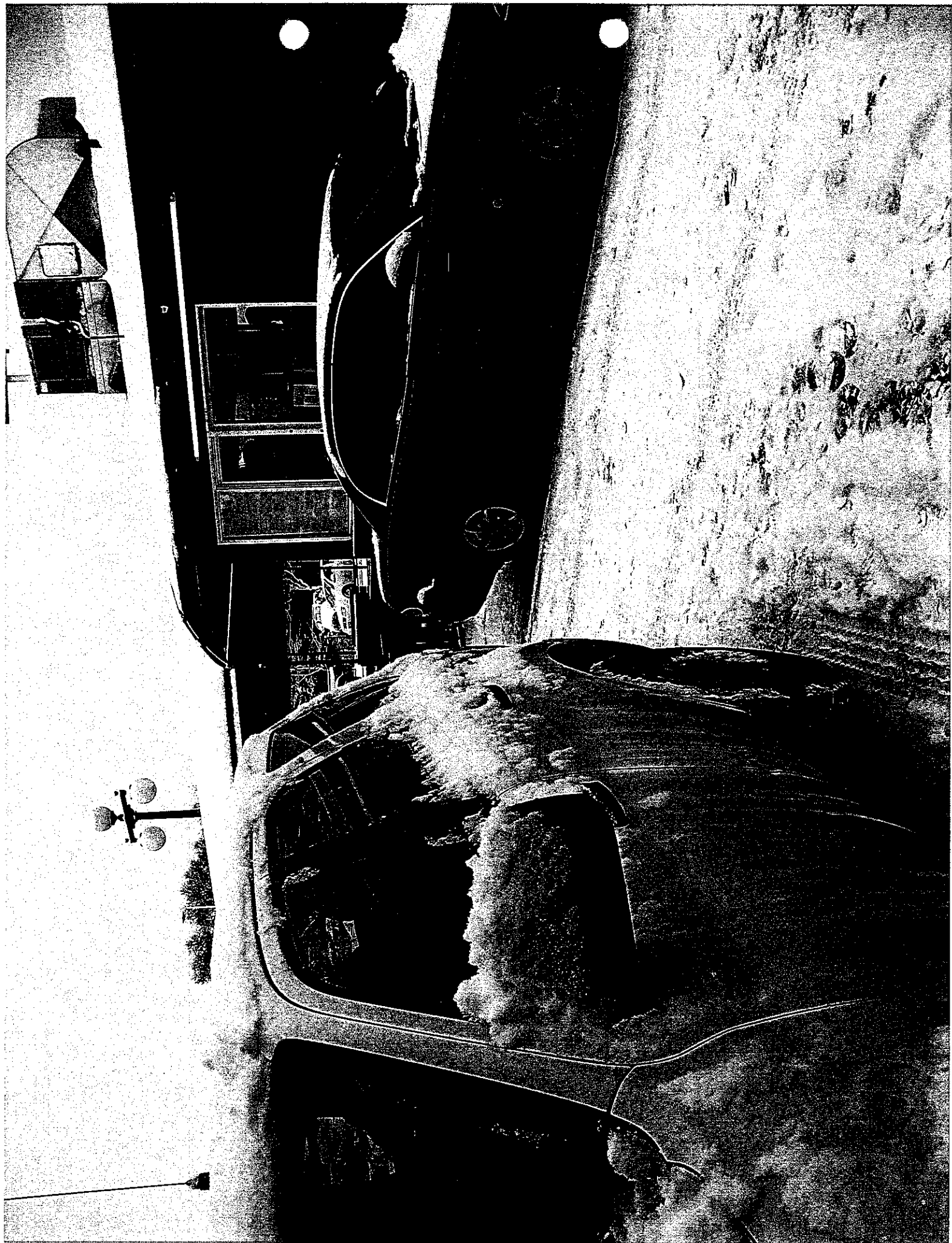




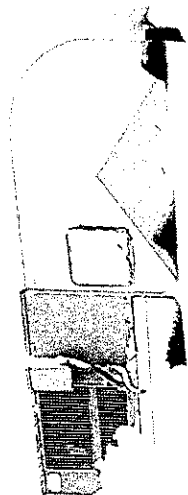
RESERVED
ONE HOUR FREE PARKING
WHILE SHOPPING
AT
Bonanza

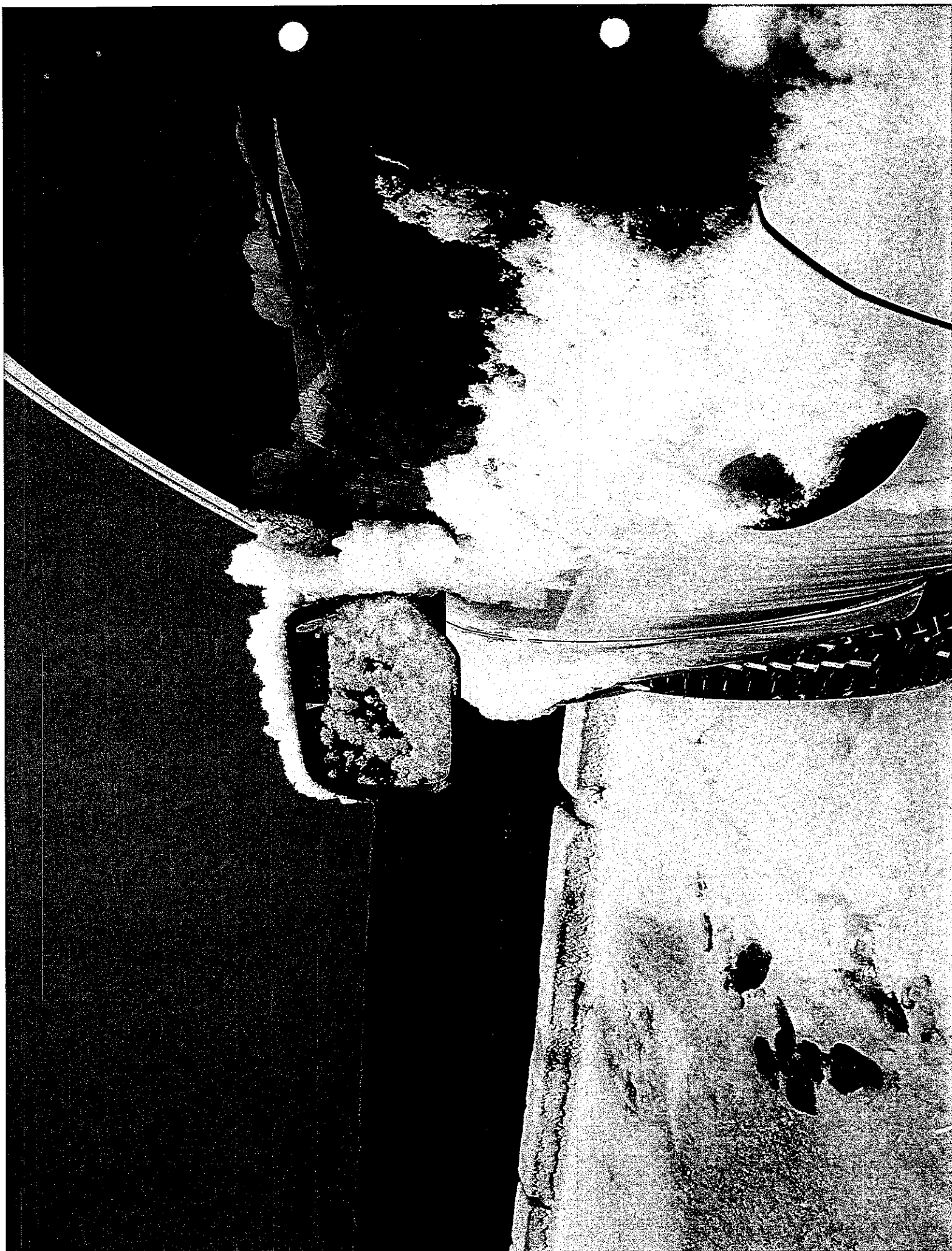
PROPERTY OF THE UNIVERSITY OF
CALIFORNIA LIBRARY





65733
ARCADE
PROFESSIONAL
BUILDING





Date: 1/18/2012 09:42 AM
 Estimate ID: 2844
 Estimate Version: 0
 Preliminary
 Profile ID: R&R AUTOBODY

R&R AUTO BODY

641 W University Way, Ellensburg, WA 98926
 (509) 925-5680
 Fax: (509) 962-8741
 Email: autobody@fairpoint.net
 Tax ID: 911875401

Damage Assessed By: HEATHER RUGH

Deductible: UNKNOWN

Owner: ELLENSBURG POLICE DEPT.
 Address: 100 N PEARL, ELLENSBURG, WA 98926
 Telephone: Work Phone: (509) 962-7280

Mitchell Service: 915497

Description: 2001 Buick LeSabre Custom
 Body Style: 4D Sed
 VIN: 1G4HP54K614189766
 OEM/ALT: O
 Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW
 POWER STEERING, REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, CRUISE CONTROL
 TILT STEERING COLUMN, ANTI-LOCK BRAKE SYS., FOG LIGHTS, FRONT AIR DAM
 TINTED GLASS, SIDE AIRBAGS, ANTI-THEFT SYSTEM, AUTOMATIC HEADLIGHTS
 DAYTIME RUNNING LIGHTS, AM/FM STEREO CASSETTE, FRONT SPLIT BENCH SEAT
 KEYLESS ENTRY SYSTEM, POWER DISC BRAKES, POWER LIFTGATE/TRUNK
 REAR WINDOW DIVERSITY ANTENNA, STEERING WHEEL MOUNTED CONTROLS

Drive Train: 3.8L Inj 6 Cyl 4A FWD
 Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Front Lamps</u>							
1	500046	BDY	REMOVE/INSTALL	R Front Combination Lamp			0.4
<u>Front Fender</u>							
2	500150	REF	BLEND	R Fender Outside			C 0.9
3	500166	BDY	REMOVE/INSTALL	R Fender Adhesive Emblem	Existing		0.2 r
<u>Front Door</u>							
4	500638	BDY	REMOVE/REPLACE	R Frt Door Repair Panel	25739129 GM PART	477.75	6.5 #
5		REF	REFINISH	R Frt Door Outside			C 2.1
6		REF	REFINISH	R Frt Add For Jambs			C 0.5
7	500640	REF	REFINISH	R Frt Door Moulding			C 0.5
<u>Rear Door</u>							
8	500741	REF	REFINISH	R Rear Door Outside			C 1.7
9	501855	BDY	REMOVE/INSTALL	R Rear Otr Belt Moulding			0.3
10	500757	BDY	REMOVE/INSTALL	R Rear Door Adhesive Moulding	Existing		0.2 r
11	500787	BDY	REMOVE/INSTALL	R Rear Otr Door Handle			0.7 #
12	936012		ADD'L COST	HAZARDOUS WASTE DISPOSAL		5.00 *	
13		REF	ADD'L OPR	CLEAR COAT			1.7*
14	933003	REF	ADD'L OPR	TINT COLOR			0.5*
15	933018	BDY *	ADD'L OPR	MASK FOR OVERSPRAY		5.00 *	0.5*
<u>Additional Costs & Materials</u>							
16			ADD'L COST	Paint/Materials		244.90 *	
<u>MANUAL ENTRIES</u>							
17	900500	BDY *	REMOVE/REPLACE	Pinstripe	** QUAL REPL PART	16.00 *	0.3*

ESTIMATE RECALL NUMBER: 01/18/2012 09:42:08 2844
 Mitchell Data Version: OEM: DEC_11_V

Software Version: 7.0.437

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elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. It is further understood I will be subject to restock and/or freight charges if I cancel my appointment on short notice or fail to appear for my scheduled appointment. R&R Auto Body will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. OLD PARTS ARE JUNKED UNLESS INSTRUCTED!

REPAIRS authorized by _____ DATE _____

Thank you for coming to our shop for your repairs.

UNIVERSITY AUTO CENTER
PO Bx 619, 607 N Pearl St, ELLENSBURG, WA
98926

Phone: (509) 962-7176
FAX: (509) 962-7178

Workfile ID: 1a4412f5
Federal ID: 911148556

Preliminary Estimate

Customer: INGRAHAM, JOSH

Written By: Paul Chrismer

Insured: INGRAHAM, JOSH
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
INGRAHAM, JOSH
100 N PEARL
(509) 962-7280 Cellular

Inspection Location:
UNIVERSITY AUTO CENTER
PO Bx 619
607 N Pearl St
ELLENSBURG, WA 98926
Repair Facility
(509) 962-7176 Day

Insurance Company:

VEHICLE

Year: 2001	Body Style: 4D SED	VIN: 1G4HP54K614189766	Mileage In:
Make: BUIC	Engine: 6-3.8L-FI	License:	Mileage Out:
Model: LESABRE CUSTOM	Production Date:	State:	Vehicle Out:
Color: Int:	Condition:	Job #:	

4 Wheel Disc Brakes	Clear Coat Paint	Intermittent Wipers	Power Mirrors
Air Conditioning	Cloth Seats	Keyless Entry	Power Steering
AM Radio	Cruise Control	Overdrive	Power Trunk/Tailgate
Anti-Lock Brakes (4)	Driver Air Bag	Overhead Console	Power Windows
Auto Level	Dual Mirrors	Passenger Air Bag	Rear Defogger
Automatic Transmission	FM Radio	Power Brakes	Search/Seek
Body Side Moldings	Front Side Impact Air Bags	Power Driver Seat	Stereo
Cassette	Full Wheel Covers	Power Locks	Tilt Wheel

Preliminary Estimate

Customer: INGRAHAM, JOSH

Vehicle: 2001 BUIC LESABRE CUSTOM 4D SED 6-3.8L-FI

Line	Operation	Description	Qty	Extended Price \$	Labor	Paint
1		FENDER				
2	Blnd	RT Fender				0.9
3 *	R&I	RT Emblem			0.2	
4		FRONT DOOR				
5	Repl	RT Outer panel	1	477.75	6.0	2.0
6		Add for Clear Coat				0.8
7		Add for mirror			0.5	
8		Add for Edging				0.5
9		Add for Clear Coat				0.1
10		Add for Inside				0.5
11 *	Rpr	RT Side molding			0.5	0.4
12		Add for Clear Coat				0.1
13 *	Rpr	RT Handle, outside black			0.5	0.4
14		Add for Clear Coat				0.1
15		REAR DOOR				
16	Blnd	RT Outer panel				1.0
17	R&I	RT Belt w'strip			0.3	
18 *	R&I	RT Side molding			0.4	
19	R&I	RT Handle, outside blue			0.3	
20	R&I	RT R&I trim panel			0.5	
21 #	Repl	A/M STRIPES	1	25.00 T	1.0	
22 #	Refn	TINT COLOR				0.5
23 #		COVER CAR FOR O'SPRAY	1	T		0.2
24 #		HAZARDOUS WASTE DISPOSAL	1	4.00 T		
SUBTOTALS				506.75	10.2	7.5

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			477.75
Body Labor	10.2 hrs @	\$ 53.00 /hr	540.60
Paint Labor	7.5 hrs @	\$ 53.00 /hr	397.50
Paint Supplies	7.5 hrs @	\$ 30.00 /hr	225.00
Miscellaneous			29.00
Subtotal			1,669.85
Sales Tax	\$ 1,669.85 @	8.0000 %	133.59
Grand Total			1,803.44
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,803.44

Preliminary Estimate

Customer: INGRAHAM, JOSH

Vehicle: 2001 BUIC LESABRE CUSTOM 4D SED 6-3.8L-FI

SOMETIMES AFTER WORK HAS BEEN STARTED, ADDITIONAL DAMAGED OR WORN PARTS ARE DISCOVERED WHICH WERE NOT EVIDENT ON FIRST INSPECTION. THIS DAMAGE REPORT DOES NOT COVER OR INCLUDE ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED. ALL PARTS PRICES ARE SUBJECT TO INVOICE. ALL PARTS ORDERED WILL BE PURCHASED! "GUARANTEE" ALL WORK AND PAINT COVERED BY LIMITED LIFETIME WARRANTY TO THE OWNER OF THE VEHICLE AT THE TIME OF REPAIR. PARTS WARRANTY BY VEHICLE MANUFACTURERS LIMITATIONS. COVERED BY LIMITED LIFETIME GUARANTEE TO THE OWNER. NON "OEM" PARTS WILL NOT BE COVERED BY OUR GUARANTEE!!!!!!

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 DE1AA00, CCC Data Date 12/8/2011, 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.

CCC Pathways - A product of CCC Information Services Inc.

Preliminary Estimate

Customer: Ellensburg Police Dept

Vehicle: 2001 BUIC LESABRE CUSTOM 4D SED 6-3.8L-FI

Line	Operation	Description	Qty	Extended Price \$	Labor	Paint
1		FRONT DOOR				
2	*	Rpr RT Door shell			7.0	2.0
3		Add for Clear Coat				0.8
4		R&I RT Side molding			0.4	
5		R&I RT Mirror assy w/o seat memory w/o htd glass			0.5	
6		R&I RT Handle, outside black			0.3	
7		R&I RT R&I trim panel			0.5	
8		REAR DOOR				
9		Blnd RT Door shell				1.0
10	*	R&I RT Side molding			0.4	
11		R&I RT Handle, outside blue			0.3	
12		R&I RT R&I trim panel			0.5	
13		MISCELLANEOUS OPERATIONS				
14	#	TINT COLOR	1			0.5
15	#	MASK FOR OVERSPRAY	1	5.00	0.3	
16	#	HAZARDOUS WASTE	1	5.00		
SUBTOTALS				10.00	10.2	4.3

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				10.00
Body Labor	10.2 hrs	@	\$ 50.00 /hr	510.00
Paint Labor	4.3 hrs	@	\$ 50.00 /hr	215.00
Paint Supplies	4.3 hrs	@	\$ 30.00 /hr	129.00
Body Supplies	7.0 hrs	@	\$ 3.25 /hr	22.75
Subtotal				886.75
Sales Tax	\$ 886.75	@	8.0000 %	70.94
Grand Total				957.69
Deductible				0.00
CUSTOMER PAY				0.00
INSURANCE PAY				957.69

Preliminary Estimate

Customer: Ellensburg Police Dept

Vehicle: 2001 BUIC LESABRE CUSTOM 4D SED 6-3.8L-FI

This is a preliminary estimate.

Additional Changes to the Estimate may be required for the actual repair.

--- Parts Prices subject to Invoice ---

AUTHORIZED AND ACCEPTED: McIntosh's Autobody, Inc is here by authorized to make the above specified repairs. I understand that paymet in FULL will be due upon release of vehicle and hereby grant you &/or employee, permission to operate the vehicle herein described on street, highways or elsewhere for the purpose of testing &/or inspection. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Repair Authorized By: _____

Date: _____

NOTE: You are required to pay for the costs of the repair prior to taking the vehicle from the premises.

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.