

KITTITAS COUNTY
DEPARTMENT OF PUBLIC WORKS

March 7, 2012

Neil Caulkins
Kittitas County Prosecutors Office
Ellensburg, WA 98926

RE: Claim for Damages: Robert & Janet Vaughan

Dear Mr. Caulkins,

I have reviewed the "Claim for Damages" submitted by Robert & Janet Vaughan stating damage to their vehicle due to County snow plow operations. I have researched this claim and discussed with the Kittitas County Maintenance Manager. I am recommending approval of payment of this claim.

If you have any questions or comments, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirk Holmes", is written over the typed name.

Kirk Holmes
Director of Public Works

KH:kjc

Neil Caulkins

From: Tammy Cahill [Tammy@wcrp.wa.gov]
Sent: Tuesday, February 07, 2012 9:20 AM
To: Neil Caulkins
Cc: Lisa Young
Subject: FW: Claim #: KT2012057457/Kittitas County - Robert & Janet Vaughan
Attachments: 19000630 Final Rpt.docx; 19000630 CV est.pdf

Hi Neil –

Attached is the report from our appraiser- Dave Wilson of WA OR Claim Service. He has an agreed price of repair with the claimant's shop for \$3412.73, the estimate that the claimant submitted was for \$5154.26. Once you have completed your investigation of liability, please let me know. On this one the Risk Pool must issue all payments and again, if any supplements are requested we want those to go through Dave Wilson.

If you have any questions, please let me know.

Thank you,

Tammy Cahill

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

From: Heather Foster [mailto:HeatherF@woclaims.com]
Sent: Tuesday, February 07, 2012 9:09 AM
To: Tammy Cahill
Subject: Claim #: KT2012057457/Kittitas County

Hi Tammy:

Attached is Dave's report and estimate on the above claim. Our final service invoice will follow.

Thanks again for the assignment.

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 #: KT2012057457
Insured: Kittitas County Vehicle Owner: Robert Vaughan
Date of Loss: 1/19/12 WOCS Claim #: 19000630

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: \$3,412.73

Agreed Price Obtained: ☒ Yes ☐ No Shop of Owner's Choice ☒ Yes ☐ No
Agreed by (Shop): University Auto Center Tax #: 91-1148556

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

Vendors Contacted (1) Keystone Phone # 509 534 7844
(2) Partschannel Phone # 800-871-5076

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 \$1,000

Vehicle Year 2001 Make Chevrolet Model Blazer LT Vin #

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: After receiving this assignment, I reviewed the estimate provided by University Auto Center. I made contact with Paul at the shop and asked if any photographs of the vehicle had. He advised that he did not, however, I made contact with Judy Pless, the Budget & Finance Manager for the County. She had photographs of the vehicle, which she emailed to me.

I reviewed the photographs and recontacted the shop and spoke with Paul. I negotiated the labor rate down to \$51.00 per hour and \$30.00 per hour for paint/material. I also advised Paul that based on the year, make and model, my estimate would reflect aftermarket and/or LKQ parts. Once I completed my estimate I faxed it to the shop. Paul reviewed my estimate and agreed to it. He did inform me that the soonest he could get the claimant's vehicle into the shop was March 6, 2012. We agreed that the vehicle would take 7 days to repair. I also advised Paul that if any additional damage was found as they repaired the vehicle, he would need to notify me and forward supporting documentation of the additional damages, ie photographs and parts invoices.

If payment is considered, I suggest you issue a check based on my attached estimate in the amount of \$3,412.73.

I believe this will complete the desk review you have asked us to complete. I am closing my file at this time. Our final service invoice will follow. Thank you again for the assignment.

Appraiser Dave Wilson
 davewilson@woclaims.com

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

Date: 2/ 6/2012 11:03 AM
Estimate ID: KT2012057457
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/ 3/2012
Contact Date: 2/ 3/2012
Deductible: UNKNOWN
Claim Number: KT2012057457

Type of Loss: Property Damage

Accident Date: 1/19/2012

Claimant: Robert & Janet Vaughan
Owner: Robert & Janet Vaughan

Mitchell Service: 912493

Description: 2001 Chevrolet Blazer LT
Body Style: 4D Ut 107" WB
VIN: 1GNLT13W51K206426
OEM/ALT: A
Options:

Drive Train: 4.3L Inj 6 Cyl 4WD
License: 90245C
Search Code: B817164

PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW
REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN
ANTI-LOCK BRAKE SYS., FOG LIGHTS, ALUM/ALLOY WHEELS, LEATHER STEERING WHEEL
4WD OR AWD, FRONT AIR DAM, TINTED GLASS, TELEMATIC SYSTEMS
VARIABLE ASSISTED STEERING, ANTI-THEFT SYSTEM, AUTOMATIC HEADLIGHTS
INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR
VEHICLE THEFT TRACKING/NOTIFICATION, DAYTIME RUNNING LIGHTS, AM/FM STEREO CD
ELECTRONIC SHIFT TRANSFER CASE, FRONT BUCKET SEATS
FRONT SEATS WITH POWER LUMBAR SUPPORT, KEYLESS ENTRY SYSTEM, POWER DISC BRAKES
POWER HEATED EXTERIOR MIRRORS, REAR WINDOW WIPER, STEP BUMPER

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	200457	BDY	OVERHAUL	Frt Bumper Cover Assy			1.3 #
2	204819	BDY	REMOVE/REPLACE	Frt Bumper Impact Bar	** QUAL REPL PART	203.00	INC #
3	200474	BDY	REMOVE/REPLACE	Frt Bumper Impact Strip	** QUAL REPL PART	23.00	INC
4	206045	BDY	REMOVE/REPLACE	Grille	19180339 GM PART	179.55	0.2 #
5	AUTO	REF	REFINISH	Grille			C 1.0
6	203868	BDY	REMOVE/INSTALL	R Frt Combination Lamp			INC #
7	203869	BDY	REMOVE/INSTALL	L Frt Combination Lamp			INC #
8	200129	REF	REFINISH	Hood Outside			C 2.5
9	200130	REF	REFINISH	Add For Hood Underside			C 1.3
10	205136	BDY	REMOVE/INSTALL	R Hood Washer Nozzle			INC #
11	205137	BDY	REMOVE/INSTALL	L Hood Washer Nozzle			INC #
12	206048	BDY	REMOVE/REPLACE	Hood Panel	** QRP CAPA	231.00	1.2
13	205132	BDY	REMOVE/REPLACE	Hood Hinge Kit	12479946 GM PART	73.36	#
14	205038	BDY	REMOVE/INSTALL	Radiator			INC
15	202681	BDY	REMOVE/REPLACE	Cooling Radiator Support	** QRP CAPA	269.00	4.8 #
16	AUTO	BDY	CHECK/ADJUST	Headlamps			0.4
17	200181	BDY	REMOVE/REPLACE	Upr Cooling Shroud	** QUAL REPL PART	14.00	INC #
18	200182	BDY	REMOVE/REPLACE	Lwr Cooling Shroud	** QUAL REPL PART	13.00	INC #
19	202221	BDY	REMOVE/REPLACE	R Frt Stripe Tape Fender	15956710 GM PART	31.41	0.2
20	202222	BDY	REMOVE/REPLACE	L Frt Stripe Tape Fender	15956709 GM PART	28.19	0.2
21	202223	BDY	REMOVE/REPLACE	R Stripe Tape Door Panel	15956720 GM PART	64.54	
22	202224	BDY	REMOVE/REPLACE	L Stripe Tape Door Panel	15956719 GM PART	83.59	

ESTIMATE RECALL NUMBER: 02/03/2012 12:28:07 KT2012057457

Mitchell Data Version: OEM: NOV_11_V

Software Version: 7.0.436

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Date: 2/ 6/2012 11:03 AM
Estimate ID: KT2012057457
Estimate Version: 0
Preliminary
Profile ID: * Spokane

23	202236	BDY	REMOVE/REPLACE	R Fender Panel	** QRP CAPA	153.00	1.8 #
24	AUTO	REF	REFINISH	R Fender Outside			C 1.6
25	AUTO	REF	REFINISH	R Add To Edge Fender			C 1.0
26	202237	BDY	REPAIR	L Fender Panel	Existing		1.0*#
27	AUTO	REF	REFINISH	L Fender Outside			C 1.6
28	202150	REF	BLEND	R Frt Door Outside			C 0.9
29	201027	BDY	REMOVE/INSTALL	R Frt Door Moulding			0.6 #
30	201028	BDY	REMOVE/INSTALL	L Frt Door Moulding			0.6 #
31	201031	BDY	REMOVE/INSTALL	R Frt Rear View Mirror			0.1 #
32	201032	BDY	REMOVE/INSTALL	L Frt Rear View Mirror			0.1 #
33	205098	BDY	REMOVE/INSTALL	R Frt Otr Belt Moulding			0.3
34	205099	BDY	REMOVE/INSTALL	L Frt Otr Belt Moulding			0.3
35	203164	BDY	REMOVE/INSTALL	R Frt Door Trim Panel			INC
36	203165	BDY	REMOVE/INSTALL	L Frt Door Trim Panel			INC
37	201086	BDY	REMOVE/INSTALL	R Frt Otr Door Handle			0.2 #
38	201087	BDY	REMOVE/INSTALL	L Frt Otr Door Handle			0.2 #
39	201142	BDY	REMOVE/INSTALL	R Frt Door Glass Run Channel	Existing		0.2 #r
40	201143	BDY	REMOVE/INSTALL	L Frt Door Glass Run Channel	Existing		0.2 #r
41	AUTO	REF	ADD'L OPR	Clear Coat			2.8
42	933003	REF	ADD'L OPR	Tint Color			0.5*
43	933018	REF	ADD'L OPR	Mask For Overspray		5.00 *	0.2*
44	AUTO		ADD'L COST	Paint/Materials		396.00 *	

* - Judgment Item
- Labor Note Applies
** QRP CAPA - Quality Replacement Parts CAPA Certified
** QUAL REPL PART - Quality Replacement Parts
C - Included in Clear Coat Calc
r - CEG R&R Time Used For This Labor Operation

KEYSTONE AUTOMOTIVE
3200 E. TRENT AVE BLDG 3
STE. B
SPOKANE
WA 99202
(509) 534-7844 (800) 227-9479

PARTSCHANNEL SEATTLE
21404 84TH PL. S. BLDG A
TMT GROUP
KENT
WA 98031
(800) 871-5076 (253) 872-7103

12	** GM1230176C	231.00	2	** C5816E	203.00
			3	** C5820B	23.00
			15	** C5867C/C	269.00
			17	** C5865D	14.00
			18	** C5865E	13.00
			23	** C5801A/C	153.00

Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary			
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				Amount
Body	13.9	51.00	0.00	0.00	708.90	Taxable Parts			1,366.64
Refinish	13.4	51.00	5.00	0.00	688.40	Sales Tax	@	8.000%	109.33
Taxable Labor					1,397.30	Total Replacement Parts Amount			
Labor Tax					111.78				
Labor Summary					27.3				
					1,509.08				

ESTIMATE RECALL NUMBER: 02/03/2012 12:28:07 KT2012057457
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Date: 2/ 6/2012 11:03 AM
Estimate ID: KT2012057457
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Preliminary
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III. Additional Costs				Amount	IV. Adjustments		Amount
Taxable Costs				396.00	Customer Responsibility		0.00
Sales Tax @ 8.000%				31.68			
Total Additional Costs				427.68			
Paint Material Method: Rates							
Init Rate = 30.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
				I.	Total Labor:		1,509.08
				II.	Total Replacement Parts:		1,475.97
				III.	Total Additional Costs:		427.68
					Gross Total:		3,412.73
				IV.	Total Adjustments:		0.00
					Net Total:		3,412.73

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED
BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR VEHICLE. WARRANTIES
APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR
DISTRIBUTOR OF THESE PARTS RATHER THAN THE MANUFACTURER OF YOUR VEHICLE.

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

Insurance Co: Washington Counties Risk Pool

Inspection Date: 2/ 3/2012

Body Shop: University Auto Center
Address: Po Box 619
607 North Pearl Street
Ellensburg, WA 98926
Telephone: (509) 962-7176
Fax Phone: (509) 962-7178

ESTIMATE RECALL NUMBER: 02/03/2012 12:28:07 KT2012057457

Mitchell Data Version: OEM: NOV_11_V

Software Version: 7.0.436

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RECEIVED

FEB 02 2012

KITTITAS COUNTY
PROSECUTING ATTORNEY

01/26/2012 02:49:47 PM

201201260034

\$0.00
Claims Against County/ris/misc
Kittitas County Auditor

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K CO PROSEC

PROSECUTOR GL

COMMISSIONERS JK

DEPARTMENT KIT

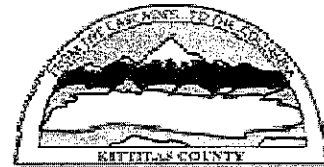
INSURANCE JP



AUDITORS NOTE Portions of this
document poor quality for imaging

KITTITAS COUNTY CLAIM FOR DAMAGES

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



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): VAUGHAN, ROBERT R & JANET A

2. Phone #: (Home): (509)962-8817 (Work): (509)925-1477
3. Address (include former address if at present address for less than 6 months): N/A

4. Date of Incident: 01/19/2012
5. Location of Incident: WILSON CREEK & VANTAGE HWY, ELLENSBURG, WA 98926

6. Describe in detail the defect which caused the injury: KC SNOW PLOW TRUCK RAN

INTO CONNER VAUGHNS 2001 CHEV BLAZER, CAUSING DAMAGE

7. Describe in narrative form and in detail exactly how the incident occurred:
SEE KITTITAS COUNTY SHERIFF REPORT (# TBA)

8. Was claim investigated by a police officer? _____

Sheriff XX State Patrol _____ City Police _____

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

Model BLAZER License No. 1GNDT13W51K206426

10. Describe what you did after the accident occurred: AS THE INSURED'S VEHICLE WAS
DRIVEABLE, CONNER CALLED HIS PARENTS, THEN DROVE HIS VEHICLE HOME.

11. Describe the conversations you had, if any, with County personnel during or after the
incident occurred: CONNER SPOKE WITH THE DRIVER OF THE SNOW PLOW AND THE
KC SHERIFF

12. Describe the damages or injuries which you sustained as a result of the incident: _____
DAMAGE TO THE 2001 CHEV.

NO KNOWN INJURIES AT THIS TIME TO CONNER, LISTON IDLER OR JONATHON COLE

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

14. How did you identify the County as the party responsible for your damage? _____
IT WAS A KC SNOW PLOW

15. List the names and addresses of all witnesses to the incident: _____
LISTON IDLER--509-607-41 (91 OR 41)
JONATHON COLE--757-450-6196

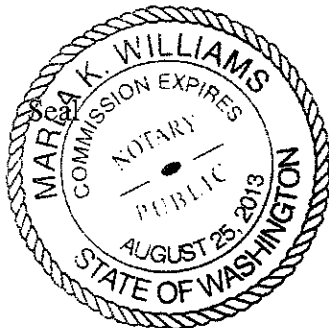
16. Are you covered by insurance? YES _____ If yes, who is your insurance
agent/carrier? The Hartford, policy# 52PH390031

Dated this 20 Day of January, 2012.

Janet Vaughan
Signature of Claimant

Notary
Margaret Williams
Verified signature of Claimant

Subscribed and sworn (affirmed) to before me this 20th Day of January, 2012.



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

AUTOMOBILE LOSS NOTICE								DATE 01/19/2012			
PRODUCER Herbert Snowden Insurance 426 N Pine Street Ellensburg, WA 98926			PHONE (A/C, No, Ext): (509)925-6174		COMPANY The Hartford		NAIC CODE:		MISCELLANEOUS INFO (Site & location code)		
CODE: 52-812517			SUB CODE:		EFFECTIVE DATE 04/30/2011		EXPIRATION DATE 04/30/2012		DATE OF ACCIDENT AND TIME 01/19/2012 04:30		
AGENCY CUSTOMER ID: 00000863									AM <input checked="" type="checkbox"/> PM		
INSURED			CONTACT		<input checked="" type="checkbox"/> CONTACT INSURED				PREVIOUSLY REPORTED YES <input checked="" type="checkbox"/> NO		
NAME AND ADDRESS VAUGHAN, ROBERT & JANET 461 FIELDS RD ELLENSBURG, WA 98926			SOC SEC # OR FEIN:		NAME AND ADDRESS VAUGHAN, ROBERT & JANET 461 FIELDS RD ELLENSBURG, WA 98926			WHERE TO CONTACT WORK			
RESIDENCE PHONE (A/C, No) (509)925-1477			BUSINESS PHONE (A/C, No, Ext) (509)925-1477		RESIDENCE PHONE (A/C, No) (509)962-8817			BUSINESS PHONE (A/C, No, Ext)			
								WHEN TO CONTACT 8-5 M-F			
LOSS					LOCATION OF ACCIDENT (Include city & state) Vantage & Wilson Creek Rd, Ellensburg, WA 98926			AUTHORITY CONTACTED: KC Sheriff		VIOLATIONS/CITATIONS UNK	
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary) SNOW PLOW RAN INTO I/V					REPORT #:			TBA			
POLICY INFORMATION											
BODILY INJURY (Per Person) 50,000		BODILY INJURY (Per Accident) 100,000		PROPERTY DAMAGE 50,000		SINGLE LIMIT		MEDICAL PAYMENT PIP: 10		OTC DEDUCTIBLE 300	
LOSS PAYEE								COLLISION DED 1000		OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc) UIM: 50/100/50 Towing: 75 Rental: 20/600	
UMBRELLA/ EXCESS		UMBRELLA		EXCESS		CARRIER:		LIMITS:		AGGR	
										PER CLAIM/OCC	
										SIR/ DED	
INSURED VEHICLE											
VEH # 1		YEAR 1		MAKE: CHEV		BODY TYPE:		PLATE NUMBER		STATE WA	
				MODEL: BLAZER		V.I.N.: 1GNDT13W51K206426					
OWNER'S NAME & ADDRESS VAUGHAN, ROBERT & JANET 461 FIELDS RD, ELLENSBURG, WA 98926								RESIDENCE PHONE (A/C, No): (509)962-8817			
DRIVER'S NAME & ADDRESS CONNER VAUGHAN 461 FIELDS RD, ELLENSBURG, WA 98926								BUSINESS PHONE (A/C, No, Ext):			
								RESIDENCE PHONE (A/C, No): (509)929-1934			
								BUSINESS PHONE (A/C, No, Ext):			
RELATION TO INSURED (Employee, family, etc.) Child		DATE OF BIRTH 10/27/1992		DRIVER'S LICENSE NUMBER VAUGHCR083P7		STATE: WA		PURPOSE OF USE		USED WITH PERMISSION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE DAMAGE TBD		ESTIMATE AMOUNT TBD		WHERE CAN VEHICLE BE SEEN?		INSUREDS RESIDENCE		WHEN CAN VEH BE SEEN?		OTHER INSURANCE ON VEHICLE	
PROPERTY DAMAGED											
DESCRIBE PROPERTY (If auto, year, make, model, plate #) SNOW PLOW				OTHER VEH/PROP INS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME: KITTITAS COUNTY		POLICY #:			
OWNER'S NAME & ADDRESS KITTITAS COUNTY								RESIDENCE PHONE (A/C, No):			
								BUSINESS PHONE (A/C, No, Ext):			
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)								RESIDENCE PHONE (A/C, No):			
								BUSINESS PHONE (A/C, No, Ext):			
DESCRIBE DAMAGE UNK				ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?					
INJURED											
NAME & ADDRESS				PHONE (A/C, No)		PED		INS OTH VEH VEH		AGE	
WITNESSES OR PASSENGERS											
NAME & ADDRESS				PHONE (A/C, No)		INS OTH VEH VEH		OTHER (Specify)			
REMARKS (Include adjuster assigned) As Conner doesnt show any injuries at this time, insureds will not be filing a PIP claim unless he needs to go to the Doctor in the next few days.											
REPORTED BY Janet Vaughn		REPORTED TO Kimberly Fletcher		SIGNATURE OF INSURED				SIGNATURE OF PRODUCER			

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, Pennsylvania and Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In D.C., LA, ME and VA insurance benefits may also be denied.

Applicable in California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



KITTITAS COUNTY SHERIFF'S OFFICE
Gene Dana, Sheriff

Nate Foster

Deputy Sheriff – ProAct Unit

307 W. Umptanum Rd
Ellensburg, WA 98926

Phone (509) 962-7525

Fax (509) 933-8204

(509) 674-2584

Email: nathan.foster@co.kittitas.wa.us



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REF RT NO. 2866386

1 24 27
2
3
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40
41
42

INTERSTATE ☐ CITY STREET ☐
STATE ROUTE ☐ OTHER ☐
COUNTY RD ☒ PRIVATE WAY ☐
FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

CASE # SB-00797

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 02 OBJECT STRUCK VEHICLE

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION 01-19-2012 162519 1.00 N ☐ E ☒ IN ☐ S ☐ W ☐ OF 0380

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
VANTAGE HWY BLOCK NO. 1.00
MILE POST ☒

DISTANCE 20.00 MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) WILSON CREEK RD
FEET ☒ S ☐ W ☒

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET ☒ PHONE 509-962-7523

LAST NAME HAGEMEIER FIRST NAME ROBERT MIDDLE INITIAL L

STREET NEW ADDRESS 81 TRAIL VIEW LN

CITY ELLensburg ST WA ZIP 98926

CDL CLASS A ENDORSEMENTS T RESTRICTIONS COR LENS

DRIVER'S LICENSE # HAG-EMRL575NJ STATE WA SEX M D.O.B. 08-11-1943

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

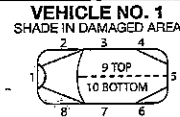
LICENSE PLATE # 90245C STATE WA VIN# 14TWXAHT79J108393

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2009 MAKE JINT MODEL Dump STYLE TRK VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO. KENTAS County Public Works, 711 N. RUSBY, ELLensburg WA 98926

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # SELF INSURED VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ PHONE 509-929-1934

LAST NAME VAUGHAN FIRST NAME CONNER MIDDLE INITIAL R

STREET NEW ADDRESS 461 FIELDS RD

CITY ELLensburg ST WA ZIP 98926

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # VAUGH C2083P7 STATE WA SEX M D.O.B. 10-27-1992

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

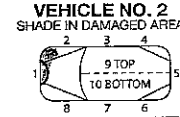
LICENSE PLATE # 986XLR STATE WA VIN# 16NDT13W51K206426

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2001 MAKE CHEV MODEL BLAZER STYLE PASS VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ROBERT VAUGHAN, 461 FIELDS RD, ELLensburg WA 98926

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # Hartford ACC 52PH390031 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) NATE C. POSTER BADGE OR ID # 33 AGENCY KENTAS County SO



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION ☐

RT NO. 2866386

CASE # S12.00797

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

IOLER, LISTON D.

ADDRESS & PHONE #

141 LONG WILLOW LN, FLEMINGHAM WA 98926-509-962-1878 SEX M D.O.B. 03-22-1993

PASSENGER ☒ WITNESS ☐

UNIT #

02

SEAT
POS.

6

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

1

INJURY
CLASS

1

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

COLF, JONATHAN S.

ADDRESS & PHONE #

930 SKYVIEW DR, FLEMINGHAM WA 98926-757-450-6196 SEX M D.O.B. 01-01-1993

PASSENGER ☒ WITNESS ☐

UNIT #

02

SEAT
POS.

3

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

1

INJURY
CLASS

1

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐ WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

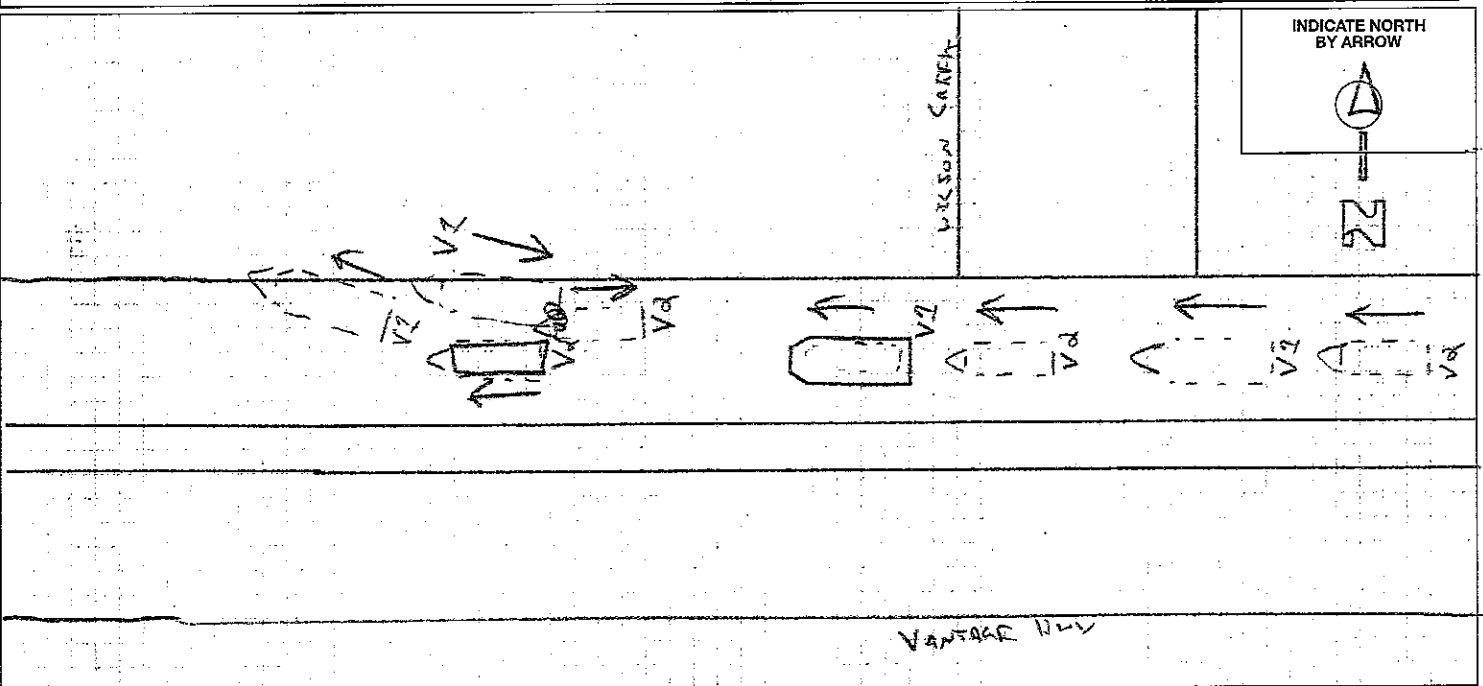
EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

DIAGRAM



NARRATIVE

ON 1-19-2012 I RESPONDED TO A CALL ON VANTAGE HWY NEAR WELSON CREEK RD. I ARRIVED ON SCENE AND THE DRIVER OF V2 STATED HE WAS PLOWING SNOW WHEN HE GOT STUCK ON VANTAGE HWY. THE DRIVER OF V2 STATED HE PUSHED A LOAD OF SNOW TOWARDS THE NORTH SIDE OF VANTAGE HWY AND STOPPED. SEE ATTACHED CASE REPORT

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

PATROL
UNIT OR DIST. DET

01/19/2012
DATED

FLEMINGHAM, WA
PLACE SIGNED

APPROVED BY

DATE

BADGE OR ID #

33

ORI #

WA0290000

TIME POLICE DISPATCHED

1647

TIME POLICE ARRIVED

1700



Kittitas County Sheriffs Office

Detail Incident Report

RECEIVED

JAN 25 2012

KITTITAS COUNTY SHERIFF

IncidentS12-00797

Reference Number:

Number:

Incident: ACCIDENT-NON INJURY

Area:

Observed: MVA Non Injury

Location: VANTAGE HWY & WILSON
CREEK RD

When Reported: 16:27:39 01/19/12

Occurred Between: 16:27:27 01/19/12

And: 16:27:27 01/19/12

back and had not observed the entire incident. It should also be noted that Hagemier, Vaughan, Cole and Idler all stated that the snowplow had it's flashing lights on both front and rear and was actively plowing.

RECEIVED
JAN 25 2012

KITTITAS COUNTY SHERIFF

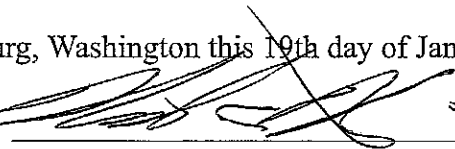
The collision between V1 and V2 caused damage to V2 but did not cause damage to V1. Neither vehicle had to be towed. I was not able to obtain statements from the parties involved due to the fact that there were two more accidents pending one of which was an unknown injury accident.

I photographed the scene and provided the driver of V1 and V2 with case numbers for the MVA. I then cleared the scene.

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.

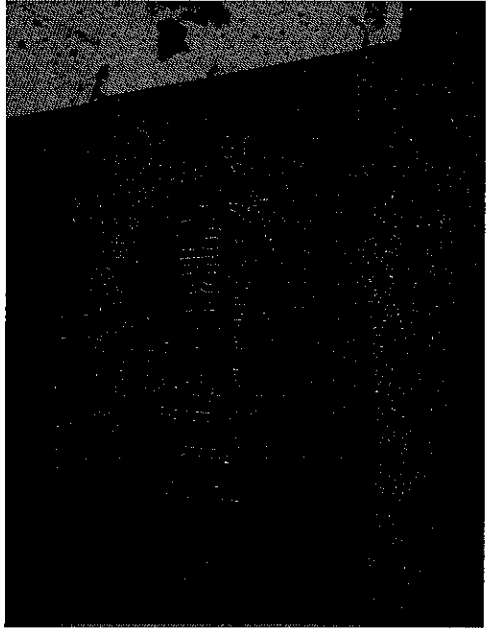
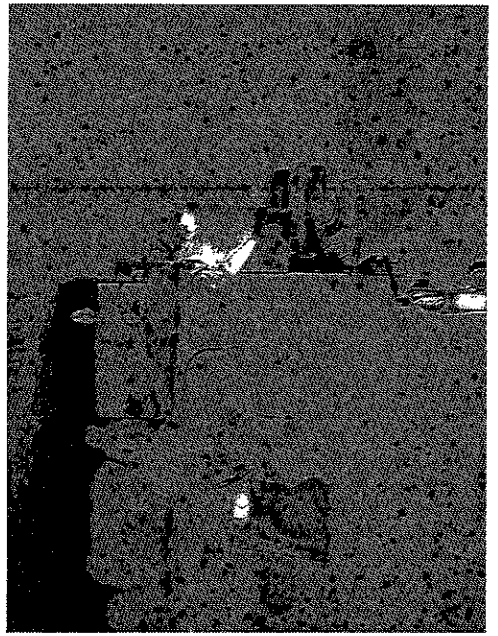
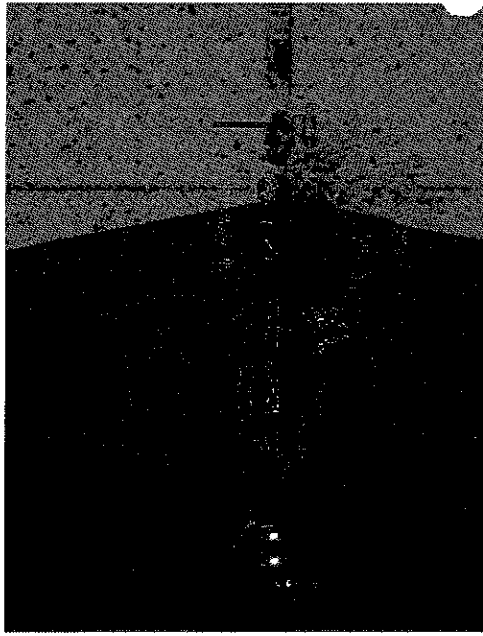
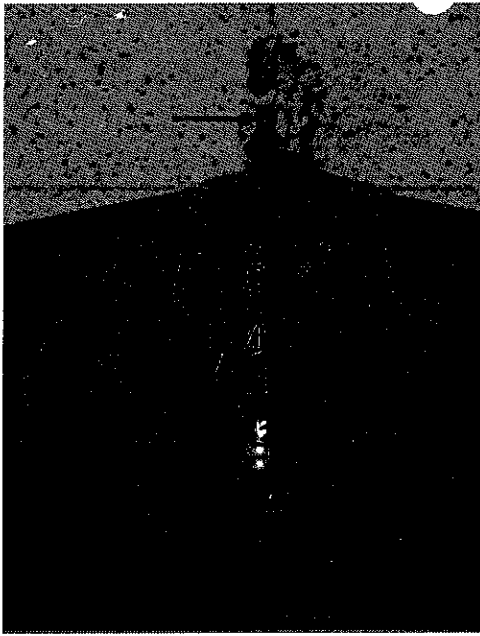
Signed at Ellensburg, Washington this 19th day of January 2012.

Officer Signature: _____

 #33

Officer Name: Nate C. Foster

Badge #: 33



UNIVERSITY AUTO CENTER
PO Bx 619, 607 N Pearl St, ELLENSBURG, WA
98926
Phone: (509) 962-7176
FAX: (509) 962-7178

Workfile ID: 5236931e
Federal ID: 911148556

Preliminary Estimate

Customer: VAUGHAN, BOB

Written By: Paul Chrismer

Insured: VAUGHAN, BOB
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
VAUGHAN, BOB
461 FIELDS RD
ELLENSBURG, WA 98926
(509) 962-8817 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 UTV	VIN: 1GNDT13W51K206426	Mileage In:
Make: CHEV	Engine: 6-4.3L-FI	License:	Mileage Out:
Model: BLAZER 4X4 LT	Production Date:	State:	Vehicle Out:
Color: Int:	Condition:	Job #:	

4 Wheel Disc Brakes	Clear Coat Paint	Keyless Entry	Power Trunk/Tailgate
4 Wheel Drive	Cloth Seats	Luggage/Roof Rack	Power Windows
Air Conditioning	Communications System	Overdrive	Privacy Glass
Aluminum/Alloy Wheels	Console/Storage	Overhead Console	Rear Defogger
AM Radio	Cruise Control	Passenger Air Bag	Rear Step Bumper
Anti-Lock Brakes (4)	Driver Air Bag	Power Brakes	Rear Window Wiper
Automatic Transmission	Dual Mirrors	Power Driver Seat	Search/Seek
Body Side Moldings	FM Radio	Power Locks	Stereo
Bucket Seats	Heated Mirrors	Power Mirrors	Tilt Wheel
CD Player	Intermittent Wipers	Power Steering	

Preliminary Estimate

Customer: VAUGHAN, BOB

Vehicle: 2001 CHEV BLAZER 4X4 LT 4D UTV 6-4.3L-FI

44	*	R&I	LT Run channel			0.3	
45		R&I	RT Handle, outside black			0.4	
46		R&I	LT Handle, outside black			0.4	
47		R&I	RT R&I trim panel			0.6	
48		R&I	LT R&I trim panel			0.6	
49			STRIPE TAPE				
50		Repl	RT Stripe tape front fender	1	31.41	0.3	
51		Repl	LT Stripe tape front fender	1	28.19	0.3	
52		Repl	RT Stripe tape front & rear door	1	64.54	0.3	
53		Repl	LT Stripe tape front & rear door	1	83.59	0.3	
54	#	Refrn	TINT COLOR				0.5
55	#		COVER CAR FOR O'SPRAY	1	T		0.2
56	#		HAZARDOUS WASTE DISPOSAL	1	4.00 T		
SUBTOTALS					2,215.86	20.0	17.5

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				2,211.86
Body Labor	18.6 hrs	@	\$ 53.00 /hr	985.80
Paint Labor	17.5 hrs	@	\$ 53.00 /hr	927.50
Mechanical Labor	1.4 hrs	@	\$ 84.50 /hr	118.30
Paint Supplies	17.5 hrs	@	\$ 30.00 /hr	525.00
Miscellaneous				4.00
Subtotal				4,772.46
Sales Tax	\$ 4,772.46	@	8.0000 %	381.80
Grand Total				5,154.26
Deductible				0.00
CUSTOMER PAY				0.00
INSURANCE PAY				5,154.26

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.

Preliminary Estimate

Customer: VAUGHAN, BOB

Vehicle: 2001 CHEV BLAZER 4X4 LT 4D UTV 6-4.3L-FI

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DE1GF95, 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.