

03/06/2017 11:19:05 AM

\$0.00
Claims Against County/r/s/misc
Kittitas County Auditor

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KCPR05

201703060010



PROSECUTOR MC 62
COMMISSIONERS SK
DEPARTMENT GD
INSURANCE JP

KITTITAS COUNTY CLAIM FOR DAMAGES

Return to:

County Auditor

205 W 5th Ave, Suite 105

Ellensburg, WA 98926

509-962-7504

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):

Rodney Gilge
Sharon Gilge

2. Phone (Home): (509-585-0747) (Work): (N/A)

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

4603 South Green Pl., Kennewick, WA 99337

Physical

Same as above

Mailing

4. Date of Birth: 5/1/1947

5. Date and Time of Incident:

2/28/2017 Noon

6. Location of Incident:

I-90 Exit 109 at Canyon Road

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

While I was making a right turn Kittitas County
Detective Andrea Blume ran into the back of my
car.

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

Please see the attached Police Traffic Collision
report E646597 Narrative.

9. List the names of all persons involved and contact information, if known.

Rodney Gilge 509-585-0747
Andrea Blume 509-962-7525
Rob Hootor, Sheriff's Patrol Sargent 509-962-7525
Charles Ferrell, State Patrol, Badge 847

10. Was claim investigated by a police officer? YES

Sheriff _____ State Patrol X City Police _____

11. Description of claimant's vehicle: Mercedes Benze Make 2015 Year

Model: ML350 License No. AUP9000

12. Describe what you did after the accident occurred:

I spoke with Andrea Blume, Rob Hootor & Charles
Ferrell. After exchanging information and getting an
"Exchange of Information" form from officer Ferrell I continued on my way.

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

The county personnel admitted it was their fault and
told me to contact the WA Risk Pool.

14. Describe the damages or injuries which you sustained as a result of the incident:
My rear bumper and associated parts was punctured and bent.
15. What is the amount of damages claimed? (Include estimates and bills, if available):
\$3,240.62 See attached McCurley Integrity Dealerships estimate.
16. How did you identify the County as the party responsible for your damage?
From discussions with the county personnel at the scene and with officer Ferrell.
17. List the names and addresses of all witnesses to the incident:
There were no witnesses except the parties involved - Rodney Gilge and Sandra Blume.
18. Are you covered by insurance? YES If yes, who is your insurance agent/carrier?
State Farm. They advised me not to make a claim against State Farm since I would have to pay the \$1,000 deductible.

Dated this 3rd Day of March, 2017.

Rodney R Gilge
Signature of Claimant



Subscribed and sworn (affirmed) to before me this 3rd day of March, 2017.

E. S. Renteria
Notary Public in and for the State of Washington
Residing at Benton



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E646597**

INTERSTATE <input checked="" type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #		
LOCAL AGENCY CODING		
TOTAL # OF UNITS	2	OBJECT STRUCK

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	CITY #
DATE OF COLLISION 2 - 28 - 2017	1200	19		IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	0380

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

I-90 EXIT 109 BLOCK NO. MILE POST ☒ 109 00

DISTANCE 20 00 MILES ☐ N ☐ E ☒ S ☐ W OF (REFERENCE OR CROSS STREET) CANYON ROAD

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE (509) 962-7069

LAST NAME BLUME FIRST NAME ANDREA MIDDLE INITIAL L

STREET NEW ADDRESS 307 WEST UMPTANUM

CITY ELLENSBURG ST WA ZIP 98926

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # BLUMEAL237C3 STATE WA SEX F D.O.B. MMDDYYYY 2 - 23 - 1977

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

LICENSE PLATE # AFK8903 STATE WA VIN# 1FM5K8ARXDGC26146

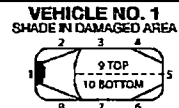
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2013 MAKE FORD MODEL EXPLORER STYLE UT VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. KITTITAS CO PHONE #: (509) 962-7069

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # WA: CO RISK POOL KITTITAS COUNTY

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE (509) 585-0747

LAST NAME GILGE FIRST NAME RODNEY MIDDLE INITIAL L

STREET NEW ADDRESS 4603 S GREEN PL

CITY KENNEWICK ST WA ZIP 993372617

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # GILGERL530KA STATE WA SEX M D.O.B. MMDDYYYY 5 - 1 - 1947

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

LICENSE PLATE # AVP9000 STATE WA VIN# 4JGDA5HB1FA595845

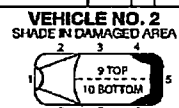
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2015 MAKE MRBN MODEL ML350 STYLE UT VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # STATE FARM 310 0812-C22-471

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) FERRELL, CHARLES BADGE OR ID # 847 AGENCY WASHINGTON STATE PATROL



**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**



1591972

REPORT NO. E646597

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH
BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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)

CHARLES FERRELL

2/28/2017

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Mulvaney, Brian 108

DATE

BADGE OR ID #

847

ORI #

WAWSP0000

TIME POLICE DISPATCHED

12:18 PM

TIME POLICE ARRIVED

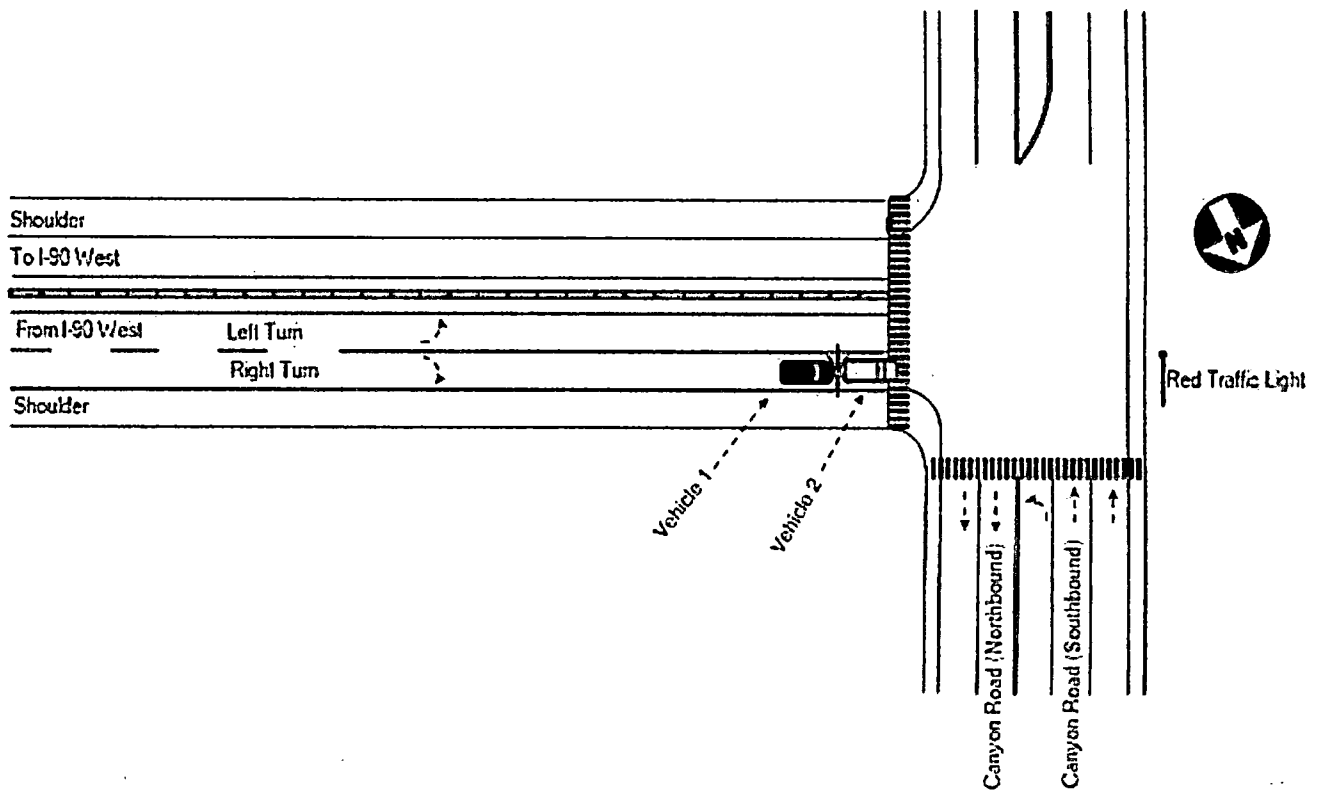
12:23 PM

Narrative

Vehicle 2 was in front of vehicle 1 as they were stopped at the bottom of the offramp at I-90 west exit 109. The light was red and initially both vehicles were stopped at the intersection and waiting to turn right onto northbound Canyon Road into Ellensburg.

Vehicle 2 started to move forward and make the right turn. Vehicle 1 then started to move forward towards the intersection behind vehicle 2. The drivers from both vehicles were looking to the left towards oncoming traffic. There was a vehicle traveling northbound on Canyon Road in the left lane (Canyon Road has two lanes designated for northbound traffic). Seeing this other vehicle traveling northbound on Canyon Road, driver 2 stopped his vehicle prior to making the right turn.

The front of vehicle 1 hit the rear of vehicle 2. Both vehicles pulled into a gas station parking lot just north of this intersection.



McCurley Integrity Dealerships

Joe Brackensick
McCurley Integrity Dealerships
PO Box 2698
Tri-Cities, WA 99302
Fax Number: 509-736-1619
Business Phone: 509-736-1682
Joe.brackensick@mccurley.net

Estimate

Owner: SHARON GILGE, WA

Veh. Info: 2015 Mercedes-Benz ML350 4 Door Utility AWD 3.5L 6 Cyl Gas Injected , VIN#: 4JGDA5HB1FA595845

Description	Part #	Price	Qty	Labor
REAR LAMPS				
R&I R REAR COMBINATION LAMP				0.4 hrs. Body
R&I L REAR COMBINATION LAMP				0.4 hrs. Body
REAR BUMPER				
Replace REAR BUMPER COVER	166 885 03 25 9999	\$1,330.00	1	Included, 3.0hrs. Paint panel , 1.2hrs. Clearcoat
Overhaul REAR BUMPER COVER ASSY				3.2 hrs. Body
Replace REAR CTR BUMPER PLATE	166 885 21 74	\$119.00	1	Included
Replace REAR UPR BUMPER MOULDING	166 885 22 74	\$197.00	1	Included
Replace REAR LWR BUMPER MOULDING	166 885 23 74	\$179.00	1	Included
Replace REAR BUMPER VALANCE PANEL	166 885 19 25	\$370.00	1	Included

Totals

Type	Hours	Rate/hr	Total	Taxable
OEM Parts			\$2,195.00	✓
Body Labor	4.0	\$70.00	\$280.00	✓
Paint Labor	3.0	\$70.00	\$210.00	✓
Clearcoat Labor	1.2	\$70.00	\$84.00	✓
Body Supplies	4.0	\$20.00	\$80.00	✓
Paint Supplies	3.0	\$45.00	\$135.00	✓
Taxable Amount			\$2,984.00	
Tax	8.600%		\$256.62	
Grand Total			\$3,240.62	
Net Total			\$3,240.62	