

PROSECUTOR GZ  
COMMISSIONERS JK  
DEPARTMENT GD  
INSURANCE JH

11/15/2017 03:47:58 PM  
\$0.00  
Claims Against County/rls/misc  
Kittitas County Auditor  
Page: 1 of 8  
PROS  
201711150066  


KITTITAS COUNTY CLAIM FOR DAMAGES

Return to:  
**County Auditor**  
205 W 5<sup>th</sup> 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):  
Jackie Peebles  
Matt Peebles
  
2. Phone (Home): (509-899-2246) (Work): (509-962-7080)
  
3. Address (include former address if at present address for less than 6 months):  
732 Stingley Rd, Ellensburg, WA 98926  
Physical  
\_\_\_\_\_  
Mailing
  
4. Date of Birth: 7-29-68
  
5. Date and Time of Incident:  
10-19-17 @ 0930
  
6. Location of Incident:  
KCSO - 307 W umptanam Rd

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

A door from one of the patrol vehicles accidentally  
Swung open hitting the driver side rear corner panel of  
my car.

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

I was not present to witness the accident. My car was  
parked and I was working.

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

Deputy Nate Foster - KCSO - 982-7525

10. Was claim investigated by a police officer? Yes

Sheriff  State Patrol \_\_\_\_\_ City Police \_\_\_\_\_

11. Description of claimant's vehicle: Dodge Make 2010 Year

Model: Challenger License No. SNSTER8

12. Describe what you did after the accident occurred:

I was notified by Commander Higashiyama and  
Deputy Foster and I continued working.

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

Commander Higashiyama told me what happened and I went  
outside with him and Deputy Foster to look at it and Deputy Foster phoned  
Kitticon for an Incident number to report it.

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

None to myself. The damage to the car was a door ding in the driver side rear corner panel above the wheel.

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

1,748.60

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

I was notified by the SO commander and Deputy of the accident

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

None

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

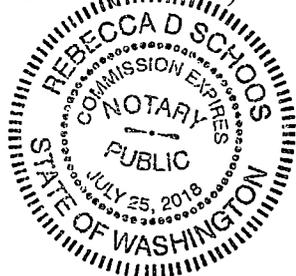
Lynn - Liblke Insurance 509-962-2511  
1300 N Dolarway Rd Ste 2 Ellensburg

Dated this 14<sup>th</sup> Day of November, 2017.

Jackie Reubler  
Signature of Claimant

Subscribed and sworn (affirmed) to before me this 15 day of November, 2017.

Seal



Rebecca D Schoos  
Notary Public in and for the State of Washington  
Residing at Ellensburg  
Expires 7/25/2018



Delivered Date: 11/16/2017

**PROSTAR COLLISION**  
 303 N Wenas St  
 Ellensburg, WA 98926  
 (509) 925-2233, (509) 925-2238 Fax

**INVOICE**  
 RO# 1362

Est: Justin Henderson

Jackie Peebles 732 Stingley Rd Ellensburg, WA 98926 Home: 509-899-2246 Work: Cell:	10 Dodge Challenger Color: Type: PC 2D Cpe VIN: 2B3CJ7DWXAH142503 Prod Date: Plate: Odometer: Engine:	KCSD Adjustor: Phone: Claim #: Deductible: 0 Loss Type:
---	---	---

Underline Indicates Supplement Line P = Who Pays? (I = Insurance, C = Customer)

Qty	Type	Description	Part #	Amount	Sup #	Labor	Op	Labor Units	Paint Units	P
		L Door Opening-Panel Complete					Blnd		1.4	C
	Parts	L Rocker Cladding				Body	R&I	0.4		C
	Existing	L Cowl/Dash Extension				Body	R&I	0.2		C
	Parts	L Cowl/Dash Trim Panel				Body	R&I	0.3		C
	Existing	L Rocker Scuff Plate				Body	R&I			C
	Parts	L Door Opening Weatherstrip				Body	R&I	0.4		C
	Existing	L Frt Door Assembly				Body	R&I	0.8		C
	Parts	L Roof Adhesive Moulding				Body	R&I	0.4		C
	Existing	L Quarter Outer Panel				Body	Rpr	2.0		C
	Parts	L Quarter Panel Outside					Refn		2.4	C
	Existing	L Quarter Splash Shield				Body	R&I			C
	Parts	L Quarter Fuel Door				Body	R&I	0.5		C
	Existing	L Quarter Side Trim				Body	R&I			C
	Parts	L Quarter Trim Panel				Body	R&I			C
	Existing	Rear Seat Assy				Body	R&I	0.5		C
	Parts	L Quarter Glass				Glass	R&I	1.8		C
	Existing	Luggage Lid Spoiler				Body	R&I	0.4		C
	Parts	L Rear Combination Lamp				Body	R&I			C
	Existing	Rear Bumper Cover				Body	R&I	2.4		C
	Parts	L Rear Bumper Mudguard				Body	R&I	0.2		C
	Existing	De-Nib And Finesse					Addl		0.5	C
	Parts	Clear Coat					Addl		1.4	C
	Existing	Post Repair Scan				Mech	Addl	0.6		C
1	Parts New	Protect Interior From Repair Debris	New	5.00		Body	Repl	0.5		C
1	Parts New	Clean & Retape \$ 1.27 Per Ft	New	13.43		Body	Repl	0.4		C
	Parts New	Apply Clear-Base / Wet-Bed					Repl		0.3	C
	Existing	Tint Color					Addl		1.0	C
	Parts New	Spray-Out Cards To Ensure OEM-Match					Repl		0.5	C
	Parts New	Restore Corrosion Protection \$-2.82					Repl		0.3	C
	Existing	Mask Interior Jams / Thresholds					Addl		0.4	C
	Parts	Mask For Primer / Surfacer					Addl		0.4	C
	Existing	Feather Prime & Block					Addl		0.5	C
1	Parts AM	Urethane Replacement Kit		44.05		Body	Repl			C
1	Pnt/Mat	Paint/Materials		309.60			Addl			C
1	Haz	Hazardous Waste Disposal		15.00			Addl			C

Delivered Date: 11/16/2017

Labor	1,229.00
Parts	62.48
Additional Costs	324.60
SubTotal	1,616.08
Taxes	132.52
Grand Total	1,748.60

Description	Original			Supplements		Final		
	Units	Rate	Amount	Units	Amount	Units	Rate	Amount
Body	9.4	58.00	545.20			9.4	58.00	545.20
Glass	1.8	60.00	108.00			1.8	60.00	108.00
Mech	0.6	80.00	48.00			0.6	80.00	48.00
Paint	9.1	58.00	527.80			9.1	58.00	527.80
Haz			15.00					15.00
Pnt/Mat			309.60					309.60
Parts AM			44.05					44.05
Parts New			18.43					18.43
SubTotal	20.9		1,616.08			20.9		1,616.08
Taxes			132.52					132.52
Grand Total			1,748.60					1,748.60

Due from Insurance		Due from Customer	
SubTotal	0.00	SubTotal	1,616.08
Tax	0.00	Tax	132.52
Total	0.00	Total	1,748.60
<b>Total Amount</b>		<b>1,748.60</b>	

# Kittitas County Sheriffs Office

## Detail Incident Report

---

**Incident Number:** S17-11465

**Reference Number:**

**Incident:** CAD INFORMATIONAL REPORT

**Area:** AREA 11, CITY OF  
ELLENSBURG

**Observed:** Information ONLY- No action

**Location:** 307 W UMPTANUM RD;  
KITTITAS COUNTY SHERIFFS  
OFC

**When Reported:** 09:41:34 10/19/17

**Occurred Between:** 09:41:31 10/19/17

**And:** 09:41:31 10/19/17

---

### PARTICIPANTS:

**Name:** PEEBLES, JACQUELINE M.

**DOB:** 07/29/1968

**Race/Sex:** W/F

**Address:** 732 STINGLEY RD  
ELLENSBURG, WA 98926

**Home Phone:** (509)899-2246

**Work Phone:** (509)899-3344

---

### VEHICLE INFORMATION:

1) **Status:** INVOLVED

**License:** DODGE

**State:** WA

**VIN:** 2B3CJ7DWXAH142503.

**Expires:** \*\*/\*\*/\*\*

**Year:** 2010

**Make:** DODG

**Model:** CHL

**Type:**

**Color:** /

**Doors:** 0

**Value:** \$

**Description:**

**Reg. Owner:** PEEBLES, JACQUELINE M.

---

Detail Incident Report

Page 2 of 3

---

**NARRATIVE:**

**Name:** FOSTER, NATE

Kittitas County Sheriff's Office Uniform Incident Report

**CASE #:** S17-11465

**CRIME:** Info

**SUSPECT:** N/A

**NARRATIVE:**

On 10/19/2017 while on patrol for the Kittitas County Sheriff's Office I was parked in the rear lot of the Sheriff's Office next to a vehicle WA License SNSTER8. I was moving items from my front passenger seat to my rear passenger side seat so I could conduct a vehicle transport. When I opened my rear passenger side door, the door swung wide and struck the vehicle next to me.

I observed that when my door struck the other vehicle it caused a small dent.

I then contacted the owner of the vehicle a Jackie Peebles and advised her of what had happened. At this time I am filing this case as informational only.

NON-DISCLOSURE NAME(S):

**Distribution:**

Upper District Court

Lower District Court

Detectives

Prosecutor

Case file

Other: \_\_\_\_\_

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 October 2017.

Deputy Name: Nate C. Foster

Badge number: 33

---

*Detail Incident Report*

*Page 3 of 3*

**Approval:** \_\_\_\_\_

**Distribution:**

- |  |   |
|--|---|
| <b>City Attorney:</b> <input type="checkbox"/>             | <b>City Prosecutor:</b> <input type="checkbox"/>    |
| <b>Child Protective Services:</b> <input type="checkbox"/> | <b>Courts:</b> <input type="checkbox"/> _____       |
| <b>Detectives:</b> <input type="checkbox"/>                | <b>Juvenile Probation:</b> <input type="checkbox"/> |
| <b>Juvenile Prosecutor:</b> <input type="checkbox"/>       | <b>Mental Health:</b> <input type="checkbox"/>      |
| <b>Misdemeanant Probation:</b> <input type="checkbox"/>    | <b>Prosecutor:</b> <input type="checkbox"/>         |
| <b>7 Day Board:</b> <input type="checkbox"/>               | <b>Student Affairs:</b> <input type="checkbox"/>    |
| <b>WSP:</b> <input type="checkbox"/>                       | <b>Other:</b> _____                                 |