98748

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I Linda Foreman, hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 14th day of Dec., 19 84.

2. That the place of injury was Skamania County Court House, Stevenson, Wn.

3. That the location and description of the defect which caused the injury are The landing of the marble stairs going to the second floor of the court House I slipped on a wet spot on the stairs. + fell to the bottom of them.

4. That the injury is described as follows: pulled muscles + tendons with massive bleeding into the above. Dr. report will give full details. Pharmacy not covered by ins.

5. That the amount of damages claimed is as follows: time less for work at app. $90.00 a day. Have been off 11 work days. Will be off at least 8 more work days. Then I will go back to doctor.

6. That the actual residence of the claimant at the time of presenting and filing this claim is Carson, Wash. P.O. Box 598, Blastab Rd.

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was Greenleaf Rd. North Bonneville, Wn.

DATED: December 28, 19 84.

Linda Foreman
(Claimant)

Unofficial Copy

PRESCRIPTION RECORD

Save for Tax or Insurance Records

Date: 12.27.84wa

Rx Number	Amount
277923	6.10

Doctor's Name:

Patient: FONDA FOREMAN

Wayne's Rexall Pharmacy
STEVENSON, WASHINGTON
Phone 427-5480 After Hours 427-5938

PHARMACY RECEIPT

12/16

NON PREPAID

KAISER PERMANENTE
HEALTH CARE PROGRAM
OREGON REGION

278408

SPECIAL INSTRUCTIONS

☐ SNAP-CAPS REQUESTED

☐ CONSULT

CRS	RX NUMBER	QUANTITY	STD VALUE	SELLING PRICE	NAME OF DRUG/STRENGTH/MANUFACTURER	PHYSICIAN
	588476			625		
					.00 XXXX 4:45 PM 2739	6.25 TOTL 3 12/16/84

M-165 (3-84) 9-32265 P.O. 26586

PHARMACY RECEIPT

12-23

NON PREPAID

Fonda Foreman

6104-55 90

KAISER PERMANENTE
HEALTH CARE PROGRAM
OREGON REGION

303551

SPECIAL INSTRUCTIONS

Address

☐ SNAP-CAPS REQUESTED

☐ CONSULT

CRS	RX NUMBER	QUANTITY	STD VALUE	SELLING PRICE	NAME OF DRUG/STRENGTH/MANUFACTURER	PHYSICIAN
	983590	200		300		
	591	80		2800		
	592	24		375		
					.00 XXXX [illegible]	3.75 TOTL [illegible]

M-165 (3-84) 9-32265 P.O. 26586

Unofficial Copy