

98855

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 WINIFRED J. AALVIK

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 4 day of January 19 85.

2. That the place of injury was Skamania County Courthouse - while on Jury Duty

3. That the location and description of the defect which caused the injury are Outside the courthouse - on steps leading toward the street - fell on them, on the way back from lunch.

4. That the injury is described as follows: Contusions both knees

5. That the amount of damages claimed is as follows: Skamania County Ambulance \$ 110.00 Mid-Columbia Doctors Office (Stevenson) Office call and X-Rays: \$ 102.00 Total: \$ 212.00

6. That the actual residence of the claimant at the time of presenting and filing this claim is Box 152 North Bonneville, Washington 98639

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was Same as above

DATED: January 30, 19 85.

Winifred J. Aalvik
(Claimant)

