

FILED FOR RECORD
SKAMANIA CO. WASH
BY Timothy Hogan

Nov 12 2 53 PM '93

GARY M. OLSON
AUDITOR

117930

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 Timothy HOGAN 509-427-7629 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 twenty first day of September, 19 93.

2. That the place of injury was

during transport of
rifle for safe keeping

3. That the location and description of the defect which caused the injury are

as ~~described~~ follows a crack in the stock starting
from the firing pin and ending at the lower hand grip.
also noted, an absent portion of the butt's end lower,
outer, corner edge of the rifle stock

4. That the injury is described as follows:

See above

5. That the amount of damages claimed is as follows:

see attached
quote. (\$70.00 + tax = \$75.32)

6. That the actual residence of the claimant at the time of presenting and filing this claim is

P.O. BOX 1006
Stevenson, WA 98648

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

mp 1051 Belle Center Rd.
Washougal, WA 98671

DATED: November 12, 19 93.

Tim A. Hogan
(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by Nos 2-4 of this form may be attached on the back of this Claim for Damages.

Registered	<input checked="" type="checkbox"/>
Indexed, Cir	<input checked="" type="checkbox"/>
Indexed	<input checked="" type="checkbox"/>
Filed	<input checked="" type="checkbox"/>
Mailed	<input checked="" type="checkbox"/>



CUSTOMER'S ORDER NO.		DEPARTMENT		DATE	
509-427-7629				11-1-93	
NAME TIM HOBAN					
ADDRESS POB 1006					
CITY, STATE, ZIP STEVENSON WA 98648					
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.

KEEP THIS SLIP FOR REFERENCE

SKAMANIA COUNTY AUDITOR
GARY M. OLSON

10431

Date: 11/12/1993 14:53

Type: CLATM FOR DAMAGES

Receipt#: 35672

Amount: \$.00

Input by: PL
From: TIMOTHY HOGAN
Memo: DAMAGED RIFLE

Auditor file#: 117930

Return to: SKAMANIA COUNTY

Grantor:

Grantee:

Parcel:

SKAMANIA COUNTY
10432

HOGAN, TIMOTHY