

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Skamania Co

JUL 8 3 06 PM '94

P. Olson  
AUDITOR  
GARY H. OLSON

119947

## 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 Carl A. Jensen 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 26 day of August, 19 94 9:15 am.

2. That the place of injury was Skamania County Senior Services Bus

3. That the location and description of the defect which caused the injury are Mag Wheel Chair tip over in bus

4. That the injury is described as follows: I hit my shoulder when the chair turned over

5. That the amount of damages claimed is as follows: \$500.00 for wheelchair replacement

6. That the actual residence of the claimant at the time of presenting and filing this claim is in the mail box / 25 Brooks Rd, Carson, WA

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

25 Brooks Rd. Carson Wn. 98610

DATED: 7-8-94, 19 94

Carl A. Jensen  
(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Signed	<u>P</u>
Indexed, Dir	<u>P</u>
Indirect	<u>P</u>
Filed	<u>P</u>
Noted	<u>P</u>

# SKAMANIA COUNTY SENIOR SERVICES

P. O. BOX 369  
STEVENSON, WASHINGTON 98648

PHONE (509) 427-5166

## INCIDENT REPORT

IMPORTANT: THIS REPORT SHOULD BE SENT TO THE PROJECT DIRECTOR'S OFFICE IMMEDIATELY AFTER THE INCIDENT.

Name of injured or ill person (if any) Carl Jensen

Address Casson, WA Phone \_\_\_\_\_

Age 60+ Sex M Date and Time of Incident 8-26-93 - 9:15 AM

Did Staff Person witness Incident? No

State exact nature of incident Went around Sweeney's corner and he fell from the wheel chair. Bent his elbow. Bruised Elbow (left)

Name and Address of physician or hospital used (if injury or illness occurred) \_\_\_\_\_

What was done with ill or injured person and by whose orders?

Picked up put in a chair till I got to office and then we put in a wheel chair and re strapped

Names and addresses of three witnesses to the incident

- 1) Palmer Nelson
- 2) Margaret Walker
- 3) Sadie Fincher

Is this an "exposure incident" according to OSHA's Occupational Exposure to Bloodborne Pathogens Standard? YES ☒ NO ☐

Hepatitis B vaccination to be made available? YES ☒ NO ☐

Follow up required? YES ☐ NO ☒

Comments He was tied in real tight.

Signature Patricia Latimer Date/Time submitted 8-26-93 - 3:30

Date/Time Received (do not fill in) Aug 26 4:30 pm

It appears the cause of the incident is the passenger is too large for the wheel chair (client owns wheel chair) Wheel chair sides were cut and bent.

OK