

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 G. 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 at 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 South the main side / 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 Wa. 98610

DATED: 7-8-94, 19 94

Carl G. 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.

Suggested P
Indexed, Dir P
Indirect P
Filed _____
Listed _____

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 - 9:15am

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 get 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 Wacker
- 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