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SKAMANIA COUNTY AUDITOR

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BY *Skamania County*  
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*G. M. Olson*  
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. CLAIM FOR DAMAGES
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

GRANTOR(S) (Last name, first, then first name and initials)

1. SKAMANIA COUNTY
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

☐ Additional Names on Page \_\_\_\_\_ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. REILLY, SUNDAY
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

☐ Additional Names on Page \_\_\_\_\_ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

☐ Complete Legal on Page \_\_\_\_\_ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page \_\_\_\_\_ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.

☐ Additional Parcel Numbers on Page \_\_\_\_\_ of Document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

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FORM OF CLAIM FOR DAMAGES

SKAMANIA COUNTY

1 A. J. JONES

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 SUNDAY REILLY 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 25<sup>th</sup> day of August, 1999 through the 11<sup>th</sup> day of October, 1999.
2. That the place of injury was in Skamania County.
3. That the location and description of the defect which caused the injury are:  
While I was incarcerated in the Skamania County Jail and on workcrew detail, Custody Officer, Darrell Dudley, over a five (5) day period did engage in unprofessional sexual misconduct. On numerous occasions the custody officer made verbal and sexual references to Sunday Reilly regarding her personal life and her personal and physical appearance. The officer engaged in numerous acts of physical touching of the claimant. The officer on numerous occasions took off his shirt in the presence of the claimant. On numerous occasions the officer touched the claimant in an inappropriate manner. The officer drove the claimant in a Skamania County Vehicle to an isolated area where the claimant was the only inmate on a workcrew detail.

Boyd, Gaffney, Sowards  
McCray & Treosti, P.L.L.C.  
ATTORNEYS AT LAW  
413 N.E. EVERETT STREET  
CAMAS, WASHINGTON 98607  
360-834-6262



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4. That the injury is described as follows: As a result of this incident the claimant has suffered severe emotional, physical and mental distress. She is seeing a doctor for the physical, mental anguish and emotional turmoil that she is undergoing as a result of this action.
5. That the amount of damages claimed is as follows: \$100,000.00 for medical bills, professional counseling fees and emotional and physical distress.
6. That the actual residence of the claimant at the time of presenting and filing this claim is 907 N.W. 7<sup>th</sup> Avenue, Camas, Washington, 98607.
7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was P.O. Box 653, Carson, Washington, 98610.

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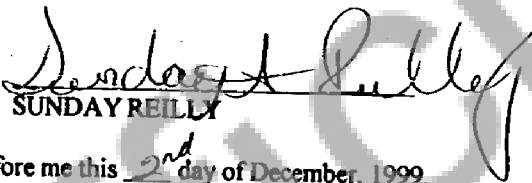
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ATTORNEYS AT LAW  
413 N.E. EVERETT STREET  
CAMAS, WASHINGTON 98607  
360-334-6262

Property  
Damages:


General  
Damages: \$100,000.00

WITNESSES:

DATED this 2<sup>nd</sup> day of December, 1999.

  
SUNDAY REILLY

SUBSCRIBED AND SWORN to before me this 2<sup>nd</sup> day of December, 1999.

  
NOTARY PUBLIC in and for the state  
of Washington  
My Commission Expires: 3-9-03

