

143265

FILED  
SEALED  
Dec 24 4 37 PM '01  
Carlene Camp  
Gary Olson

Taxes 12/19/01

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY CLERK OF THE BOARD  
Skamania County Auditor's Office  
Skamania County Courthouse  
148 North West Vancouver Avenue, Room 27  
Sevenson, WA 98648

FOR OFFICE USE ONLY:

CLAIM NO. \_\_\_\_\_

DATE FILED: \_\_\_\_\_

COPIES TO: \_\_\_\_\_

NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

ATTACHMENTS: YES ( ) NO (X)

1. Name (including spouse if married): (Please Print)

CARLENE CAMP

2. 1272 Seydho Rd CARSON WA 98610  
Address City State Zip

3. HM Phone: 427-5105 WK Phone: 427-4994 MSSG Phone: \_\_\_\_\_

4. Date and time of incident: 12-18-01 Sunday Afternoon

5. Location of incident:  
1272 Seydho Rd - @ mailbox

6. Describe in narrative form and in detail exactly how the incident occurred:

The snow plow driver - plowing @  
a high rate of speed - 50 mph +  
hit the mailbox it snapped a 4x4"  
pressure treated post off at ground level.

7. What is the amount of damages claimed arising out of the following circumstances  
(include estimates and bills, if available):

unknown at this time -  
will forward when received

8. Please list name and address of any and all witnesses or persons involved:  
(Please Print)

CARRIE DIX - Snyder Rd. 427-7080

9. Describe the damages or injuries you sustained as a result of the incident:

NONE

10. Was incident investigated by a police officer? Sheriff \_\_\_\_\_ State Patrol \_\_\_\_\_  
City NO

11. If a vehicle was involved in the incident, describe: Make \_\_\_\_\_  
Model \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ License No. N/A  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

12. Describe what you did after the incident occurred: Contacted  
County

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. called public works &  
spoke w/ Susan. she told me to  
fill this form from auditors office.

14. How did you identify the County as the party responsible for your damage?

It was a County Snow Plow

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this claim is true and correct.

DATED THIS 17th DAY OF December, 2001

Carrie Dix  
Claimant's Signature

File Name: Comm/Risk Manag/Claims/Claim For Damages

NOTE: Personal property (car, etc.) damages are to be accompanied by 2 estimates for repair costs. The Skamania County Risk Manager will investigate this claim. The decision to honor this claim will be based upon that investigation. Making a false report or providing false evidence is a crime and punishable by fine and/or imprisonment. Additional pages may be attached if needed to answer the questions.