

145672

FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY *Skamania County*
Aug 21 1 34 PM '02
Stamos
ALSO BY
J. MICHAEL GARRISON

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 140 North West Vancouver Avenue, Room 27 Stevenson, WA 98648	FOR OFFICE USE ONLY: CLAIM NO. _____ DATE FILED: _____ COPIES TO: _____ ATTACHMENTS: YES(<input type="checkbox"/>) NO <input type="checkbox"/>
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NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

- Name (including spouse if married): (Please print)
 Susan L. Wilkie
 Prior: 252 Eyman Cemetery Road Carson WA 98610
 82 Poplar Stevenson WA 98648
 Address City State Zip
 (509)
- HM Phone: 427-4277 WK Phone: N/A MSSG Phone: N/A
- Date and time of incident: 01/26/00 through present
- Location of incident:
 Skamania County
- Describe in narrative form and in detail exactly how the incident occurred:
 Please see attached Exhibit "A"
- What is the amount of damages claimed arising out of the following circumstances
 (Include estimates and bills, if available): Please see attached Exhibit "A"

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

Herbert Hamblen, Hubert Smith, Bob Talent, Timothy Collins,
Delos Schneider, other employees and witnesses who were aware
of situations who acted and failed to act. Matters are still
under investigation.

9. Describe the damages or injuries you sustained as a result of the incident: My damages
include, but are not limited to, lost wages, lost benefits,
mental anguish, stress, other physical damages, lost sleep,
depression, economic loss and punitive damages.

10. Was incident investigated by a police officer? ☐ NO ☐ Sheriff ☐ State Patrol
City _____

11. If a vehicle was involved in the incident, describe: Make _____
Model _____ Year _____ State _____ License No. _____
Insurance Company _____ Policy Number _____

12. Describe what you did after the incident occurred: I made numerous attempts
to stop conduct and attempted to enlist the aid of the comm-
issioners and/or county.

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. I had discussions with, but not limited to,
Bob Talent, Timothy Collins, Delos Schneider, Hubert Smith
and Herbert Hamblen.

14. How did you identify the County as the party responsible for your damage?
Various county commissioners were involved in various actions
and failures to act as described above and in the attached
Exhibit "A".

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 _____ DAY OF August, 2002

Susan A. Vickari
Claimant's Signature

File Name: Commist/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.

WASHINGTON GOVERNMENTAL ENTITY POOL

P.O. Box 19330
Spokane, Washington 99219-9330
509/838-0910 800/462-8418
Fax 509/747-3875

Date Claim Form Received
by Member

CLAIM FOR DAMAGES FORM

MEMBER ORGANIZATION: SKAMANIA CEMETERY DISTRICT

Please take note that Susan L. Wilkie

Prior address: 252 Eyman Cemetery Road, Carson, WA 98610
who resides at 82 Poplar, Stevenson, WA 98640

mailing address same as above home phone # (509) 427-4277

work phone # N/A is claiming damages against Please see Exhibit "A"
Please see
in the sum of \$ Exhibit "A" arising out of the following circumstances listed below.

DATE OF OCCURRENCE: 01/26/00 through present TIME: _____

LOCATION OF OCCURRENCE: Skamania County

DESCRIPTION:

1. Describe occurrence explaining the nature of the defects or acts of negligence causing damages.
Please see attached Exhibit "A"

(attach an extra sheet for additional information, if needed)

2. Provided a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.
Herbert Hamblen, Hubert Smith, Bob Talent, Timothy Collins, Delos
Schneider, other employees and witnesses who were aware of situations
who acted and failed to act. Matters are still under investigation.
3. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair. Attach any photographs available.
4. Have you submitted a claim for damages to your insurance company? YesXX No
If so, please provide the name of the insurance company: _____
and policy #: _____

(over)

****ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY****

License Plate # _____	Driver License # _____
Type Auto: _____	_____
(year)	(make) (model)
DRIVER:	OWNER:
Address: _____	Address: _____
Phone #: _____	Phone #: _____
PASSENGERS:	
Name: _____	Name: _____
Address: _____	Address: _____

***** NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED *****

I, Susan L. Wilkie, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

x *Susan L. Wilkie*

Signature of Claimant(s)

Subscribed and sworn to before me this 19th day of August, 2002.

Heather M. Goode
NOTARY PUBLIC in and for the State of Washington

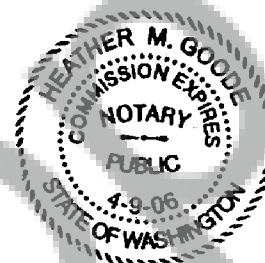


EXHIBIT "A"

I, SUSAN WILKIE, being first duly sworn upon oath depose and say that the statements contained herein are based upon my personal knowledge of matters regarding which I am competent to testify, and I do so under penalty of perjury under the laws of the State of Washington.

I worked at the Skamania County Cemetery District #1 (Cemetery District) under Herbert Hamblen (Hamblen) from about January 26, 2000 through August 27, 2001. The actions and omissions contained in this statement occurred from about January 26, 2000 through the present. During my employment, Hamblen made numerous unwanted, unsolicited and unpermitted sexual advances, engaged in unwanted, unsolicited and unpermitted sexual harassment of me, engaged in unwanted, unsolicited and unpermitted sexual conduct toward me including but not limited to commenting numerous times about my breasts, commenting about my panties, and touching my buttocks. I made it clear that such treatment was unwanted and unwelcome.

Claims include, but are not limited to: 42 U.S.C. § 1983 Civil Action for Deprivation of Rights; 42 U.S.C. § 2000e Disparate Treatment; Outrage and/or Intentional/Reckless Infliction of Severe Emotional Distress; Negligent Infliction of Severe Emotional Distress; Sexually Hostile Work Environment; Sexual Harassment; Retaliation; Sexual Discrimination; Municipal Liability, Failure to Supervise and/or to Train; Reckless and/or Negligent Supervision of Hamblen, Commissioners and/or myself; and Intentional Assault.

Skamania County, The Cemetery District, Hamblen, Delos Schneider, Hubert Smith, Bob Talent, and/or Timothy Collins.

EXHIBIT "A" - 1
(Wilkie/P02)

1. Subjected me to adverse tangible employment action including, but not limited to change in my employment status, failing to promote, significant change in benefits and/or eventual termination of my employment;

2. Acted or omitted action intentionally, under color of law causing deprivation of my rights protected by the Constitution or laws of The United States and/or of The State of Washington;

3. Had a training program for employees which was not adequate to train the officers/employees to properly handle the usual and recurring situations with which they must deal;

4. Were deliberately indifferent to the need to provide adequate training of the officers/employees to properly handle the usual and recurring situations with which they must deal. The failure to provide adequate training caused me to be deprived of my rights protected by the Constitution of The United States, and/or of The State of Washington;

5. Made decisions which caused me to suffer detrimental change in my employment status, demotion, caused me to suffer significant change in benefits, termination and/or I was denied employment and my sex was a motivating factor in such decisions.

6. Made unwelcome sexual advances, requests for sexual favors and/or other verbal and/or physical conduct of a sexual nature, in a position of authority over me. I was required to submit to this conduct in order to avoid adverse employment action and/or to receive a job benefit. When I refused to submit to this conduct it resulted in adverse detrimental change in my employment status, demotion, caused me to suffer significant change in benefits, termination and/or I was denied employment.

7. Made sexual advances, requests for sexual conduct and/or other verbal or physical conduct of a sexual nature. The conduct was unwelcome, sufficiently severe or pervasive to alter the conditions of my employment and created a sexually abusive and/or hostile work environment. I perceived the work environment to be abusive and/or hostile and a reasonable person in my circumstances would consider the work environment to be considered abusive or hostile.

EXHIBIT "A" - 2
(Wilkie/P02)

8. Under color of statutes, ordinances, regulations, customs, and/or usage of a State or Territory, caused me to be subjected to the deprivation of rights, privileges and/or immunities secured by the Constitution and Laws of the United States and of The State of Washington.

9. Had a duty to adequately supervise me and/or Hamblen, and recklessly failed to do so.

10. Had a duty to adequately supervise me and/or Hamblen, and negligently failed to do so.

11. Committed extreme and/or outrageous conduct which intentionally or recklessly inflicted emotional distress, causing me actual severe emotional distress.

12. Committed extreme and/or outrageous conduct which negligently inflicted emotional distress, causing me actual severe emotional distress.

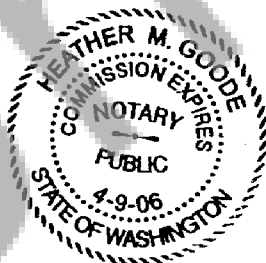
13. Such actions or omissions caused me damages.

14. I should be awarded damages as are determined to be reasonable, not to exceed Two Million and NO/100 Dollars (\$2,000,000.00).

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. I, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

Susan L. Wilkie
SUSAN L. WILKIE

SUBSCRIBED AND SWORN to me on this 19th day of August, 2002.



Heather M. Goode
NOTARY PUBLIC in and for the State of
Washington, residing in Vancouver
My commission expires: 04-09-06

EXHIBIT "A" - 3
(Wilkie P02)