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SKAMANA COUNTY  
AUDITOR

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BY *Skamania County*  
Nov 13 1 21 PM '02  
*O'Leary*  
J. MICHAEL JOHNSON

1. Supervisor  
 2. General  
 3. Director  
 4. Chief  
 5. President

**FOR OFFICE USE ONLY:**

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

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

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

ATTACHMENTS: YES(    ) NO

1. Name (including spouse if married): (Please Print)  
Robert W. Raller
2. 353 old sp. Lk. Hwy. Conn Castle Rock Wa 98611  
Address City State Zip
3. HM Phone: 360 274 0990 WK Phone: — MSSG Phone: —
4. Date and time of incident: May 11, 2002 - PM
5. Location of incident:  
SW slopes on Mt. St Helens.
6. Describe in narrative form and in detail exactly how the incident occurred:  
See previous letter for details
7. What is the amount of damages claimed arising out of the following circumstances  
(include estimates and bills, if available): 1110.43  
loss of use - My time and mental anguish  
in collecting and getting estimates.



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

Albert Schaper Fish pond Rd. Kelso, wa  
Robert Rollet Jr. 1919 Grade St. Kelso, wa 98626

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

Damaged machine only

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

11. If a vehicle was involved in the incident, describe: Make Artic Cat  
Model 580 EXT Year 94 State Wa License No. 1161385  
Insurance Company None Policy Number \_\_\_\_\_

12. Describe what you did after the incident occurred: Picked up  
pieces & went home

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred.

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

They were in charge of rescue

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 6 DAY OF Nov, 2002

Robert W Rollet  
Claimant's Signature

File Name: Commis/Risk Mang/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.