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SKAMANIA COUNTY  
FEB 5 3 43 PM '03  
J. MICHAEL  
Skamania County  
O'Leary

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SKAMANIA COUNTY  
AUDITOR

# SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

<p><b>CLAIMANT:</b> THIS CLAIM MUST BE FILED WITH THE</p> <p>SKAMANIA COUNTY CLERK OF THE BOARD Skamania County Auditor's Office Skamania County Courthouse 249 North West Vancouver Avenue, Room 27 Stevenson, WA 98648</p>	<p><b>FOR OFFICE USE ONLY:</b></p> <p>CLAIM NO. _____</p> <p>DATE FILED: _____</p> <p>COPIES TO: _____</p> <p>ATTACHMENTS: YES( ) NO</p>
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- Name (Including spouse if married): (Please Print)  
Marvin Dean Gregory
- Address  
PO Box 906 Carson WA 98610  
City State Zip
- HIM Phone: \_\_\_\_\_ WK Phone: \_\_\_\_\_ MSSG Phone: 427-3661
- Date and time of incident: 12-27-02 Approx 7:00pm
- Location of incident:  
Skamania County Jail pod 500

- Describe in narrative form and in detail exactly how the incident occurred:  
I was going to the garbage can to throw away trash. Slipped and hit my head on the stool of the table. Came to find out the vent in the roof leaks and as of 1-31-03 it still leaks as it was seen leaking by officer perkypile on that date. Also my back was strained. My neck injured also.
- What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): 2500.00 For the injury to my neck For the pain and suffering. Hood River ER Bill For my visit there on 12-27-02. Skyline ER Bill For My visit there on the 12-31-02. plus ambulance cost. plus perscription cost and ongoing. (Naproxin) For pain. And Darvocet For pain. And any future or visits

COPY OF ORIGINAL DOCUMENT (1st Page)  
O'Leary-Skamania Co. Recorder  
DEPUTY

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

James Cornell 12428 NE. Holsey #58 Portland Oregon  
503-257-0566 97236  
Mr Cornell saw me fall. I have a list of others that have since  
seen roof leak.

9. Describe the damages or injuries you sustained as a result of the incident: Strained  
muscles and Ligaments in my neck. Pain and stiffness still  
appear. Lower Back still hurts also. Have been having Severe  
Headaches also.

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

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

12. Describe what you did after the incident occurred: Had Mr Cornell push intercom  
Buttons for help as I was in Severe pain from the huge Bump  
Behind my ear. Went to Hood River ER.

13. Describe the conversations you had, if any, with County personnel during or after  
the incident occurred. Officer Walker, Officer Joudry, Officer Sizemore,  
Officer Pukypile. All of them seen the roof leak at one point  
or the other except Officer Walker.

14. How did you identify the County as the party responsible for your damage?  
Because its there Jail that has a leaky roof that is  
still not fixed.

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 30 DAY OF January, 2003

Martin Dean Cuneo  
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.