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SKAMANIA COUNTY
AUDITOR

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SKAMANIA COUNTY
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J. M. [Signature]
SON

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
240 North West Vancouver Avenue, Room 27
Stevenson, WA 98648

For Office Use Only

Claim No. _____

Date Filed _____

Copies to _____

NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS

1. Claimant's name:
Bowlby, Robert A., July 23, 1941, 312-40-4655
Last name First Middle Date of Birth (month, date, year) Social Security no.
2. Current residential address:
15 Nash Road, White Salmon, WA 98672
3. Mailing address (if different):
Robert Bowlby, c/o Jaques, Sharp, Sherrerd & FitzSimons, 205 Third Street, Hood River, OR 97031
4. Residential address for six months prior to the date of incident:
Same
5. Claimant's daytime telephone number: (541)386-1311

INCIDENT INFORMATION

6. Date of incident: (when occurred or first occurred) 8/1/02
Time: _____ a.m./p.m. (Circle one)
7. If incident occurred over a period of time, date of last

occurrence: ____/____/____ Time: ____ a.m./p.m. (Circle one)

8. Location of incident:

Stevenson, Skamania County, Washington

State and County City, if applicable Place where occurred

9. If incident occurred on a street or highway: N/A

Name of street or highway Milepost number At the intersection with or nearest intersecting street

10. County agency or department alleged responsible for damage/injury:

Skamania County

11. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

Brad Anderson, Skamania County Prosecutor; Skamania County Commissioners McKee, Talent and Quinn; Jim Winters, address unknown; Brent Holman, Skamania County Engineer/Public Works, Director; Robert Bowlby; J. Michael Garvison, Skamania County Auditor

12. Names, addresses and telephone numbers of all County employees having knowledge about this incident:

See paragraph 11

13. Names, addresses and telephone numbers of any and all individuals not already identified in #11 and #12 above that have knowledge regarding the liability issues involved in this incident, and/or the claimant's damages that were caused by this incident. Please include a brief description as to the nature and extent of each person's knowledge. (Attach additional sheets if necessary.)

See paragraph 11

14. Describe conduct and circumstances causing injury or damages, explaining extent of medical, physical or mental injuries. (Attach additional sheets if necessary.)

Claimant makes a claim against Skamania County for wrongful discharge, constructive discharge, and age discrimination pursuant to RCW 49.44.090 and 29 USC Section 621 (simultaneously with the filing of this claim claimant is also filing a claim with the EEOC regarding the age discrimination). Claimant's claims are based on the following facts:

Claimant, Robert Bowlby was employed by Skamania County as a District No. 3 Road Maintenance Supervisor. Mr. Bowlby worked for the County for 23 years before his termination in July, 2002. In 2002, Skamania County approached Claimant Bowlby and Jim Winters, the District No. 1 Road Maintenance Supervisor, to inform them that the County intended to eliminate their positions due to the consolidation of the road department to one central operation. The County also took steps to eliminate all work for the District No. 1 and District No. 3 Road Maintenance Supervisors. The County then sought to negotiate a settlement package with Mr. Winters and Mr. Bowlby. Mr. Winters ultimately accepted the package offered by Skamania County. Claimant Bowlby objected to the settlement package offered by Skamania County because it violated RCW 50.40.101 by requiring Mr.

Bowlby to waive his rights to benefits of unemployment compensation. In addition, the overall terms of the settlement package were unacceptable and appeared to be contrary to the state law and policy in that the County had offered to pay the health insurance of Mr. Bowlby for a 12 month period despite the fact that Mr. Bowlby would not be an employee at the County. Skamania County presented this as the only option for Mr. Bowlby; he could accept the settlement or be terminated with no settlement. Mr. Bowlby refused to the agreement of Skamania County and constructively terminated Mr. Bowlby's employment by eliminating his crew, his district, and all of his responsibility in routine maintenance. In doing so, Skamania County violated its own personnel policy and then did not allow Mr. Bowlby to exercise his right to bump other employees with less seniority to maintain his employment with the County. In addition, the County Road Maintenance Department after the termination of Mr. Bowlby and Mr. Winters went from 16 employees to 18 employees, an increase in workforce rather than reduction in workforce despite the County's representation that they were consolidating the department to decrease the workforce.

In summary, by discharging Mr. Bowlby the County failed to follow its own personnel policy, sought invalid justifications for terminating Mr. Bowlby's position, and sought that Mr. Bowlby's waive a right to collect unemployment benefits when the County knew that those agreements were void. For this Mr. Bowlby seeks back and future wage in the amount of \$357,838.00 plus general damages for pain and suffering in the amount of \$50,000.00.

15. Name, address and telephone number of treating medical provider(s) (Attach copies of all medical reports and billings):

16. I/We do hereby claim damages from Skamania County in the sum of \$407,838.00.

Claimant must sign this claim form. If the claimant is incapacitated from verifying, presenting, and filing the claim, or if the claimant is a minor, or is a nonresident of the state, the claim must be verified, presented and filed on behalf of the Claimant by any relative, attorney, or agent representing the claimant.

I certify or "declare" under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Robert Bowlby 4-14-03 1551.1 14th White Salmon WA
Signature of claimant / Date and place (residential address, city and county) 98672
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If necessary, attach additional pages containing information in this format.

The Division of Risk Management does not accept the filing of tort claims via Facsimile (FAX).