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FILED
SKAMANIA COUNTY
JULY 2003

OCT 23 3 52 PM '03
A. Miser

J. MICHAEL ...

By: _____
Checked by: _____
Date: _____
Filed: _____
Total: _____

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE	FOR OFFICE USE ONLY:
SKAMANIA COUNTY CLERK OF THE BOARD Skamania County Auditor's Office Skamania County Courthouse 240 North West Vancouver Avenue, Room 27 Stevenson, WA 98648	CLAIM NO. _____
NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.	DATE FILED: _____
	COPIES TO: _____
	ATTACHMENTS: YES() NO

- Name (including spouse if married): (Please Print)
CHAD Edward Barron
- 1051 Metzger Rd / P.O. Box 22 CARSON WASHINGTON 98610
Address City State Zip
- HM Phone: 509-421-1155 HWK Phone: _____ MSSG Phone: 541-374-8305
- Date and time of incident: July 20th 2003 @ Appx 3:30 P.M
- Location of incident:
Skamania County JAIL
STEVENSON WASHINGTON
- Describe in narrative form and in detail exactly how the incident occurred:
I was washing my hair - finished washing and
went to step out of shower, I slipped and fell
BECAUSE there was nothing to grab hold of.
- What is the amount of damages claimed arising out of the following circumstances (include estimates and bills, if available): BACK PAIN, Do NOT know
How Much Bills are, I HAVE SEEN THE DOCTOR
Appx. 6 Times.
PAIN & Suffering...

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

There was a Jailor that Picked ME up ()
Another Jailor watched him Pick ME Up. (Dena Rec. Martin)

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

Hurt my back, Affected my walking, I am
BACK WALKING WITH A CAIN And I WAS NOT
USING My Cain Anymore. I NEED HELP Getting on And
OFF The Toilet And IN THE Shower IF I FALL Down I cant get up
Without help. AM IN CONSTANT PAIN.

10. Was incident investigated by a police officer? Sheriff _____ State Patrol _____
City _____

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

12. Describe what you did after the incident occurred:
JAILOR HELPED ME TO MY BUNK TO LAY DOWN.

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. I TOLD THE JAILOR I NEEDED HELP
TO MY BUNK.

14. How did you identify the County as the party responsible for your damage?
BECAUSE I WAS IN JAIL THERE AND I FELL IN
THE SHOWER. BECAUSE I DIDNT KNOW THEY HAD A HANDICAP
SHOWER TILL AFTER I FELL. NO-ONE TOLD ME THEY HAD ONE

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 22 DAY OF October, 2003

Chad E. Barron
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.