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FILED
SKAMANIA COUNTY
BY *Skamania County*

JAN 27 3 19 PM '04

O Lowry
J. MICHAEL WATSON

By: 1
Checked by: 4
Date: _____
Time: _____

RECEIVED

JAN 27 2004

SKAMANIA COUNTY
AUDITOR

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. _____ DATE FILED: _____ COPIES TO: _____
NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.	ATTACHMENTS: YES(<input type="checkbox"/>) NO (<input type="checkbox"/>)

- Name (including spouse if married): (Please Print)
Chris & Elaine Woodall
- Address 2241 Mabee Mines Rd. City Washougal State WA Zip 98671
(360) (509)
- HM Phone: 837-1121 WK Phone: 427-8473 MSSG Phone: _____
- Date and time of incident: Sun Jan 4
- Location of incident:
2241 Mabee Mines Rd
- Describe in narrative form and in detail exactly how the incident occurred:
On Sun. Jan 4 a large county snowplow/grader pushed the snow berm which had been accumulated by previous county snowplows through our fence, collapsing our fence, bending our posts sideways and breaking off our gatepost at the base.
- What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): Standard replacement cost for no-climb fence is \$4.00/ft. We have estimate from Martins Fence of Washougal of \$1,750.00 (including treated posts) for the 400 ft. of fence needing to be replaced.

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

Chris + Elaine Woodall, Vicky + Melissa Woodall

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

Need to replace 400 feet of 4" No-climb field/horse fence plus treated gate post

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

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

12. Describe what you did after the incident occurred:

Waited so as to assess the damage when the weather cleared.

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

Spoke briefly with west end County Commissioner who referred us to the Road Dept

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

County plows Mabee Mines Rd

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 20th DAY OF JANUARY, 2004


Claimant's Signature

File Name: Claims/Risk Mng/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.