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SKAMANIA COUNTY
AUDITOR

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 THIS
FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

ATTACHMENTS: YES(#) NO

1. Name (including spouse if married): (Please Print)

BILLY FRANK Pate

2. 198 1/2 Street STEVENSON WA. 98648
Address City State 98648ip

3. HM Phone: NO WK Phone: NO MSSG Phone: NO

4. Date and time of incident: 2-27-04

5. Location of incident: SKAMANIA COUNTY Sheriff
OF.

6. Describe in narrative form and in detail exactly how the incident occurred:

MY COAT WITH HAD MY EYE GLASS
IN IT. WAS ACCIDENTLY LEFT IN THE SHERIFF OF.
WAS SOME HOW MISS PLACED

7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): \$ 160

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

Det. Monte Buehner

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

Jacket lost by Sheriff's office

10. Was incident investigated by a police officer? Sheriff unknown 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: Asked to have jacket
returned and Sheriff's office did not

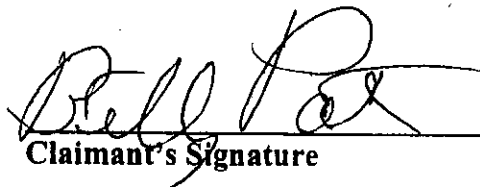
13. Describe the conversations you had, if any, with County personnel during or after the incident occurred.

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

Jacket left at Sheriff's office and not returned

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 12 DAY OF March, 2004


Claimant's Signature

File Name: Commiss/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.