



Doc # 2004155203
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 Date: 11/15/2004 04:54P
 Filed by: SKAMANIA COUNTY
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 of SKAMANIA COUNTY
 J. MICHAEL GARVISON
 AUDITOR
 Fee: \$0.00

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 SKAMANIA COUNTY
 AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

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

- Name (including spouse if married): (Please Print)
Chuck Taylor
- 16311 Washougal River Rd Washougal WA 98671
 Address City State Zip
- HM Phone: 837-1620 WK Phone: 360-992-1362 MSSG Phone: 360-798-8870
- Date and time of incident: 10/24/04 5:00 pm
- Location of incident:
M.P. 10 Washougal River Rd.
- Describe in narrative form and in detail exactly how the incident occurred:
Got stopped for speeding, notified of warrant, got arrested, told the vehicle would be towed if nobody could come get it, notified wife she was in route, notified owner deputy would not talk to her to approve some one other than herself to get the vehicle, wife and inlaws arrived 10 mins. later to get truck.
- What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): \$ 307.00 Tow Fee, \$ 115.00 missed day of work.

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

Donna Ard, Robin Ard, 4501 ADDY ST #156
Cole Andrews, 4501 ADDY St. lot 59 Washougal WA
Roberta Taylor, 16311 Washougal River Rd. Washougal WA.

9. Describe the damages or injuries you sustained as a result of the incident: I missed
a day of work to go get the truck out of impound
The handcuffs were so tight my wrists hurt for 2 weeks

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

11. If a vehicle was involved in the incident, describe: Make GMC
Model Sonoma Year 1998 State WA License No. A54044D
Insurance Company FARMERS Policy Number 7913166-40-24

12. Describe what you did after the incident occurred: went to jail posted
Bail, called a lawyer

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. I asked the deputy if my wife could take
the truck he said yes. when she arrived another deputy said
the arresting Deputy said to tow the truck.

14. How did you identify the County as the party responsible for your damage?
Because it was a county employee (Deputy Sheriff)

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 DAY OF November, 2004

Chad Taylor
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.

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