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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)

2. Winnie J. Alway  
Address P.O. Box 685 City Carson State WA Zip 98610  
3. HM Phone: 5086 WK Phone: 9466 MSSG Phone: NA  
4. Date and time of incident: ASK D.U. I don't remeber

5. Location of incident:

72 Old Detour Rd.  
Carson, WA. 98610

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

I made a bad choice asking  
for Help from D.U.

7. What is the amount of damages claimed arising out of the following circumstances  
(Include estimates and bills, if available): that up to

the judge.

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

(Please Print)

Allen Max Teel  
Virginia Anne (Alway) Teel  
Brett Robinson

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

Under too much stress.

10. Was incident investigated by a police officer?

Sheriff ☒ State Patrol

City Stevenson

D.V. + Karen W.

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

12. Describe what you did after the incident occurred: tried to

get it clear up. but no  
thanks to anyone except  
ATTORNEY.

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

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

Because they don't take  
care of things like promised.

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 2 DAY OF Dec, 2004

Winnie Alway  
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.