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SKAMANIA COUNTY  
AUDITOR

## SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

<b>CLAIMANT:</b> THIS CLAIM MUST BE FILED WITH THE	<b>FOR OFFICE USE ONLY:</b>
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( # ) NO

1. Name (including spouse if married): (Please Print)  
Winnie J. Alway
2. 72 Old Detour Rd Carson WA 98610  
Address City State Zip
3. HM Phone: 427-5086 WK Phone: 427-9466 MSSG Phone: NA
4. Date and time of incident: 5-19-03
5. Location of incident:  
North Bonniville on Highway 14.  
Karen W.
6. Describe in narrative form and in detail exactly how the incident occurred:  
A warrant was put out for my arrest by Karen because they wanted my finger prints because they never had them till this time. They wouldn't release me till I paid \$225.00 & gave them fingerprints at that time.
7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): up to judge

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

(Please Print)

Summer + other officer I don't remember who.

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

Had to leave my car on 14 and go to Sheriff office and straight this out again, give up my fingerprints

10. Was incident investigated by a police officer?

Sheriff ☒ State Patrol  
City Stevenson

11. If a vehicle was involved in the incident, describe:

Make GMC  
Model Jimmy Year 87 State WA License No.  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

12. Describe what you did after the incident occurred:

Had to get together \$225.00 and give up fingerprints then released.

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

Should be on records somewhere. I have mine copy of everything I will bring to you.

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

Not very fair at all.

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 6 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.