Doc # 2004155634
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Date: 12/17/2004 10:36A
Filed by: SKAMANIA COUNTY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$8.80

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DEC 17 2004

SKAMANIA COUNTY AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

			<u> </u>
CLAIM	ANT:	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 DA FORM	MAGES (IS COMP	CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS PLETE. THIS PROVISION CANNOT BE WAIVED.	ATTACHMENTS: YES(#) NO
1.	Name	(including spouse if married): (Please Print)	
2.	72 Addre	old Detour Rd, Car	Son, WA. 986/6 State Zip
3.	нм Р	hone: <u>5086</u> WK Phone: <u>9466</u>	MSSG Phone: <u>NA</u>
4.	Date a	nd time of incident: $4-21-2002$	time 1520
5.	Locati	on of incident:	,
6.	Descril	oe in narrative form and in detail exactly how to come the control of the control	the incident occurred: FICE + Gary Woods The info mas
7.		is the amount of damages claimed arising out of defection defined and bills, if available): $\frac{1}{1}$	

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Please list name and address of any and all witnesses or persons involved: (Please Print) Sherriff Office (Stom Co.) Warren Teel Other Officers was with him (un known)
Describe the damages or injuries you sustained as a result of the incident: Thoughteends that will tell the
O. Was incident investigated by a police officer? Sheriff X State Patrol City Styles San
If a vehicle was involved in the incident, describe: Make
2. Describe what you did after the incident occurred: had to go to the hospital in Abugance. Some one at Sheriff office colled them.
Describe the conversations you had, if any, with County personnel during or, after the incident occurred. That they are to solve this matter to the takent seriously.
How did you identify the County as the party responsible for your damage? Their officers are that Their officers are that
certify under penalty of perjury under the laws of the State of Washington that the formation contained in this claim is true and correct.
ATED THIS DAY OF OCC., 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.