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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

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JAN 21 2005

SKAMANIA COUNTY
AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: 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 DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.	ATTACHMENTS: YES() NO

- Name (including spouse if married): (Please Print)
Aaron J. Blouin, a minor
- PO Box 622, Carson, WA 98611
Address City State Zip
or C/O Peterson Law Offices, 825 NE 20th, Ste. 340, Portland, OR 9723.
- HM Phone: _____ WK Phone: _____ MSSG Phone: Peterson Law Offices
503.280.0888
- Date and time of incident: Sept. 2, 2003
- Location of incident:
Inside the Skamania County Courthouse.
- Describe in narrative form and in detail exactly how the incident occurred:

Aaron J. Blouin was properly inside the Skamania County Courthouse on September 2, 2003, leaving the courthouse. When he approached the door to leave, he pushed down on the bar to open the door and his hand slipped off the bar and he fell head first through the glass window in the door, slicing open his neck.

- What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available):
Special Damages: Emanuel Hosp. \$17411.55; LifeFlight \$7627.00;
Seth Izenberg, M.D.: unknown; Chris Kaufman, M.D. unknown.
General Damages: \$100,000.

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

unknown.

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

Mr. Blouin sustained a large laceration to his neck with exposed vessels. His diagnosis was a 6 cm neck laceration, 2 cm auricular laceration and sternocleidomastoid muscle laceration. He lost an estimated 150 cc's of blood. Mr. Blouin was taken directly to surgery due to an "expanding hematoma in his neck." During surgery multiple small bleeding vessels around the lacerated sternocleidomastoid muscle were found. The carotid artery and the internal jugular vein were exposed. The massive wound was stapled shut.

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

11. If a vehicle was involved in the incident, describe: Make N/A
Model _____ Year _____ State _____ License No. _____
Insurance Company _____ Policy Number _____

12. Describe what you did after the incident occurred: _____

Mr. Blouin was Life-Flighted to Emanuel Hospital with severe injuries. He underwent surgery and was in recovery at Emanuel for two days, on a constant Morphine drip and antibiotics. The staples in Mr. Blouin's neck stayed until September 10, 2003.

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

Attorney for Aaron Blouin sent two tort claim
Notices in 2004, and a tort claim Notice
pursuant to RCW 4.96.020 on Dec. 29, 2004.

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

Attorney for Aaron Blouin's office (Peterson law
offices) called Skamania County Buildings and
Grounds on Dec. 27, 2004 & were told the courthouse is

I certify under penalty of perjury under the laws of the State of Washington that the information County
contained in this claim is true and correct. property.

DATED THIS 6th DAY OF Jan, 2004

Tom Rth for
Claimant's Signature
Aaron Blouin

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.