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SKAMANIA COUNTY
AUDITOR

Doc # 2005158366
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Date: 08/16/2005 02:55P
Filed by: SKAMANIA COUNTY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

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)
Alfons M. Knorr
2. 3366 Nebraska Street Longview WA 98632
Address City State Zip
3. HM Phone: 360-423-9965 WK Phone: 360-449-7842 MSSG Phone: _____
4. Date and time of incident: On and after 30 June 2001
5. Location of incident:
Skamania County, WA
6. Describe in narrative form and in detail exactly how the incident occurred:
See attached sheet
7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): \$300,000.00

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

9. Describe the damages or injuries you sustained as a result of the incident: _____
Damages to reputation, injury to employment, intentional
interference with contractual relationships.

10. Was incident investigated by a police officer? Sheriff No State Patrol No
City No

N / A

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: _____
Attempted to dissuade perpetrators from engaging in
slanderous and libelous conduct

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. _____
See # 6 above (attachment)

14. How did you identify the County as the party responsible for your damage?
Persons employed by the county engaged in the harmful conduct.

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 18th DAY OF August, 2005

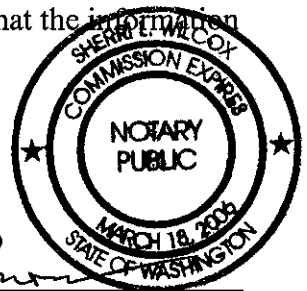
Subscribed and sworn to before me this

12 day of August 2005

Sherrill W. Cox

NOTARY PUBLIC in and for the State of

Washington residing at Congress, WA



[Signature]
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.

RESOLUTION 2001-48

(Amend Resolution 2001-32 to change the County individual designated to receive claims served upon Skamania County)

WHEREAS, Resolution 2001-32 designated the Clerk of the Board (Skamania County Auditor) as the agent to receive claims for Skamania County at Skamania County Courthouse; and

WHEREAS, Resolution 2001-46 transferred the Clerk of the Board duties from the Skamania County Auditor to the Skamania County Commissioners office; and

WHEREAS, the Board feels that it is in the best interest of Skamania County to amend Resolution 2001-32 to retain the County Auditor as the agent to receive Claims for Damages that are filed upon the County.

NOW, THEREFORE, BE IT RESOLVED that the Skamania County Auditor is the designated agent to receive claims filed against Skamania County; and

BE IT FURTHER RESOLVED that in the absence of the County Auditor, a claim shall then be served upon the Deputy Skamania County Auditor; and


BE IT FURTHER RESOLVED all claims shall be filed with the Skamania County Auditor at Skamania County Courthouse, 240 NW Vancouver Avenue, Room 27, Stevenson, WA 98648 between the hours of 8:30 a.m. and 5:00 p.m.

BE IT FINALLY RESOLVED, that this resolution shall be recorded with the County Auditor

PASSED IN REGULAR SESSION this 4th day of September 4, 2001.

BOARD OF COUNTY COMMISSIONERS
SKAMANIA COUNTY, WASHINGTON


Chairman


Commissioner


Commissioner

ATTEST:


Clerk of the Board

APPROVED AS TO FORM ONLY:


Prosecuting Attorney

For	<u>0</u>
Against	<u>3</u>
Abstain	<u>0</u>
Absent	<u>0</u>

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

(Attachment)

Paragraph # 6 – Continued

Since the inception of the conduct, I have been subjected to defamation and an invasion of my privacy and the intentional interference with my employment agreement with my employer by an employee or employees of the Office of the Sheriff for Skamania County.

Person(s) employed by the Office of the Sheriff have falsely represented my professionalism and efforts to enforce those laws which I am authorized to enforce. I have been accused of falsely arresting persons, arresting persons because of their ethnic background or race instead of whether they violated the law, targeting persons for investigation and/or arrest because of their ethnic background or race, making false reports, exceeding the authority reposed in me by my employer, being untrustworthy and engaging in misfeasance and malfeasance. These false assertions have been published among my fellow law enforcement officers and the inhabitants of Skamania, and Cowlitz County.

Person(s) employed by the Office of the Sheriff have sought to have my employer take disciplinary action against me based upon invalid and unsubstantiated allegations of misfeasance or malfeasance by me in the performance of my duties. Those same persons have sought to interfere with my employment relationship and cause me to be terminated from employment. As a result of the false accusations made, my employer engaged in an investigation of the allegations that involved interviewing persons with whom I have daily contact or those who I had cited or stopped for actual citation for violation of law.

These intentional actions on the part of employee(s) of the Office of the Sheriff have damaged my reputation in my employment, within the ranks of law enforcement officers responsible for the same geographic areas I patrol and among the citizens who reside in Skamania and Cowlitz Counties. These intentional actions have caused me mental suffering and trauma.