

## 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)

Winnie Jo Alway

2. P.O. Box 685 Carson WA 98610  
Address City State Zip

3. HM Phone: 509-427-5086 WK Phone: \_\_\_\_\_ MSSG Phone: NA

4. Date and time of incident: 4-21-2002 filed complaint

5. Location of incident: with Sheriff office  
AT my residence on Old 4-23-02  
Detour Rd in Carson

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

I called 427-9490 to ask for help  
dealing with my daughter, because  
I felt I needed some help. I told  
dispatcher that I was on morphine  
with bone spurs in my neck. Gary  
Woods threw me around my house.

7. What is the amount of damages claimed arising out of the following circumstances  
(Include estimates and bills, if available): I had medical

so they paid the bills, ambulance.

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

(Please Print)

Warren Teel was at my house and  
seen everything.  
Gary Woods & other officers.

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

It was very painful for me to  
be treated that way by anyone.  
Everything was taking off my record  
by prosecuting Attorney (OV Assault 4).

10. Was incident investigated by a police officer? Sheriff ☒ State Patrol ☐  
City Stevenson

11. MP 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: went to Hood  
River Hospital then they released  
me, Allen came and got me,  
Bad drugs were put in my body not  
by my choice.

13. Describe the conversations you had, if any, with County personnel during or after  
the incident occurred. I was arrested so every  
one that was at work, Dispatcher,  
deputies, sherriff, Pat Bonds,

14. How did you identify the County as the party responsible for your damage?  
being treated this way by a  
skam. co. officer is not right.

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 25 DAY OF Aug., 20 05

Winnie J. 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.