



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)
Joan E. Jensen, Merle L. Jensen
2. 10201 Washougal River Rd., Washougal WA 98671
Address City State Zip
3. HM Phone: ³⁶⁰837-1209 WK Phone: ³⁶⁰816-8558 MSSG Phone: ³⁶⁰837-1209
4. Date and time of incident: ^{1st Incident: 4/5/06}2nd Incident: 5/3/06
5. Location of incident:
10201 Washougal River Rd., Washougal, WA. 98671
6. Describe in narrative form and in detail exactly how the incident occurred:
On or about 4/5/06 Joan Jensen was dropped on the floor while being transferred from the toilet to her wheel chair. She was dropped by her day caregiver.
On or about 5/3/06 Joan Jensen was dropped on the floor by her afternoon caregiver, while being transferred either from the bed or toilet to her wheelchair.
7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): \$76,000

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

4/5/06 ~~Barb~~ Barb - caregiver for Skamania Co. Senior Services

5/3/06 Michelle - caregiver for Skamania Co. Senior Services

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

4/5/06: Compression fracture of lumbar vertebra

5/3/06: Fractured Femur, upper thigh

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

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: IN BOTH INCIDENTS, AFTER IT BECAME APPARENT THERE WAS AN INJURY, AN AMBULANCE WAS CALLED AND JOAN WAS TRANSPORTED TO SOUTHWEST WASHINGTON MEDICAL CENTER emergency room.

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. None, except with Larry at Skamania Co. Senior Services.

14. How did you identify the County as the party responsible for your damage?
Our insurance company, Health Camp, was referred to the county by Skamania Co. Senior Services

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 31 DAY OF JULY, 2006

Joan E. Jensen
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.