

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)

Timothy W. O'Mahoney Brand Lee

2. 1012 Kavaika Creek Rd Stevenson WA 98648
Address City State Zip

3. HM Phone: 3445 WK Phone: 9478 MSSG Phone: 509 251 2453

4. Date and time of incident: 7/29/06

5. Location of incident:

Skamania County Fair Grounds

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

2 XRP Drills, 4 Batteries, two chargers, tool bag, Drill Bits, hammer.

7. What is the amount of damages claimed arising out of the following circumstances

(Include estimates and bills, if available): 279 \$ each drill, 30 \$ Tool bag
20 \$ Drill Bits 24 \$ hammer.

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

Jesha Shank
Scott Pines

804 427 4148

9. Describe the damages or injuries you sustained as a result of the incident: loss of
work and time

10. Was incident investigated by a police officer? 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: called police.

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

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

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 3 DAY OF Aug, 2006


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.



DAVID S. BROWN
SHERIFF

OFFICE OF THE SKAMANIA COUNTY SHERIFF

PO Box 790
200 Vancouver Ave.
Stevenson, WA 98648
Phone (509) 427-9490
Fax (509) 427-4369
www.skamaniaSheriff.com
scso@co.skamania.wa.us

Dave Cox
Undersheriff

Pat Bond
Chief Criminal Dep:

Marlea McKenzie
Chief Civil Deputy

David Waymire
Jail Superintendent

PUBLIC REQUEST FOR RECORDS

Requestor Information

Name: Tim O'Mahoney Date: Aug 1-3 06 9/7/06
Address: 1012 Kanaka Creek Rd DOB: 7 23 70
Work Phone: (509) 427-9478 Home Phone: 3445
Response Option: Fax ☐ Mail ☐

Information Requested

SCSO Case #: 06-05448 & CAD 06-06093
Involved Parties: Skamania County Fair DOB: Victim Suspect Driver Other
Tim O'Mahoney

Nature of Incident: Theft Date of Incident: Aug 1-3 06
Location of Incident: Fair Number of Copies: 1

Documents Requested: (Circle all that apply)

Offense Reports ☐ Investigative Reports ☒
Cad Call Records ☐ Victim/Suspect/Subject Info ☐
Statements ☐ Arrest Reports ☐
Accident Reports ☐ Other: ☐

Purpose of Request (Why are you requesting the records?): _____

Additional Information/Comments: Send to Auditors please

I understand that the Skamania County Sheriff's Office will not release copies of other agencies' reports or documents, including medical reports. Those reports must be obtained from the originating agencies. I also understand that secondary dissemination of any information obtained is prohibited unless in compliance with RCW 10.97.050 and RCW 42.17.310.

I further understand that the Skamania County Sheriff's Office may impose a fee for processing and reproduction of the request and documents, as per posted fee schedule. These fees are due prior to receipt of the requested documents.

Signed: [Signature]

PLEASE ALLOW A MINIMUM OF SIX DAYS FOR A RESPONSE

Report for Case 06-05448 & not complete.

09/08/06
09:56

Skamania County Sheriff's Department
CALL DETAIL REPORT

1111
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Call Number: C06006156

Nature: Vandalism
Reported: 13:10:25 08/03/06
Rcvd By: Gildersleeve, J How Rcvd: T
Occ Btwn: 13:10:25 08/03/06 and 13:10:25 08/03/06
Type: 1
Priority: 4

Address: Wind River Boat Launch
City: Home Valley

Alarm:

COMPLAINANT/CONTACT

Complainant: O'Mahoney, Timothy W Name#: 13095
Race: W Sex: M DOB: 07/23/70
Address: 1012 Kanaka Creek Rd, Stevenson
Home Phone: (509)427-3445 Work Phone: (541)399-4006 cell

Contact:
Address: WR Boat Launch
Phone: () -

RADIO LOG

Dispatcher	Time/Date	Unit	Code	Zone	Agnc	Description
Gilderslee	13:14:03 08/03/06	ALL	ASSG	PTA3		incid#=06-06128 Assigned to a call call=201
Gilderslee	13:14:17 08/03/06	ALL	CMPL	PTA3		incid#=06-06128 Completed call disp:INF clr:INF oc:VAND call=201

COMMENTS

RP is from Building & Grounds and advising that the lock was broke off of the pay station again. Info for Patrol

UNIT HISTORY

Unit	Time/Date	Code
ALL	13:14:03 08/03/06	ASSG
ALL	13:14:17 08/03/06	CMPL

RESPONDING OFFICERS

Unit	Officer
ALL	ALL

09/08/06
09:56

Skamania County Sheriff's Department
CALL DETAIL REPORT

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INVOLVEMENTS

Type	Record#	Date	Description	Relationship
NM	13095	08/03/06	O'Mahoney Timothy W 1012 Ka	Complainant
LW	06-06128	08/03/06	Vandalism 06-06128 Wind Riv	Initiating Call

Unofficial Copy

09/08/06
09:56

Skamania County Sheriff's Department
CALL DETAIL REPORT

1111
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Call Number: C06006121

Nature: Burg Bus FE
Reported: 09:14:26 08/02/06
Rcvd By: Waymire, D How Rcvd: T
Occ Btwn: 09:14:26 08/02/06 and 09:14:26 08/02/06
Type: 1
Priority: 4

Address: 650 Rock Creek Dr SW
City: Stevenson

Alarm:

COMPLAINANT/CONTACT

Complainant: Skamania Co Fairgrounds, Name#: 14645
Race: Sex: DOB: **/**/
Address: 650 Rock Creek Dr SW, Stevenson
Home Phone: (509)427-5588 Work Phone: () -

Contact: Tim Omahoney
Address:
Phone: (509)254-2453

RADIO LOG

Dispatcher	Time/Date	Unit	Code	Zone	Agnc	Description
Waymire, D	09:35:52 08/02/06	15	ASSG	STEV	SCSO	incid#=06-06093 Assigned to a call call=31
Wenz, John	10:19:25 08/02/06	15	OFFD	STEV	SCSO	out of service for a bit
Wilson, Lo	11:13:45 08/02/06	15	ARRV	STEV	SCSO	incid#=06-06093 Arrived on scene call=31
Wilson, Lo	11:14:23 08/02/06	15	00	STEV	SCSO	got your page show me out
Wilson, Lo	11:38:02 08/02/06	15	8	STEV	SCSO	clear that w/rpt
Wilson, Lo	11:39:45 08/02/06	15	CMPL	STEV	SCSO	incid#=06-06093 Completed call clr:RPT oc:BNFE call=31

COMMENTS

rp advised he was broke into again sometime in the last couple of days. He is missing two 18 volt cordless Dewalt Drills one says Tim O on the bottom of it. He is also missing 4 batteries a charger and a fishing tackle box. 15 on scene trying to locate the RP. See rpt

UNIT HISTORY

Unit	Time/Date	Code
15	09:35:52 08/02/06	ASSG
15	10:19:25 08/02/06	OFFD
15	11:13:45 08/02/06	ARRV
15	11:14:23 08/02/06	00
15	11:38:02 08/02/06	8
15	11:39:45 08/02/06	CMPL

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09:56

Skamania County Sheriff's Department
CALL DETAIL REPORT

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RESPONDING OFFICERS

Unit Officer

15 Garrity, Tim

INVOLVEMENTS

Type	Record#	Date	Description	Relationship
NM	14645	08/02/06	Skamania Co Fairgrounds	6 Complainant
LW	06-06093	08/02/06	Burg Bus FE 06-06093 650 Ro	Initiating Call