

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)
LOLA M. AND GERALD L. MADDUX
2. 771 WIND MT. RD. STEVENSON WA 98648
Address City State Zip
3. HM Phone: 427-8017 WK Phone: _____ MSSG Phone: _____
4. Date and time of incident: 10-27-06 2:00 PM
5. Location of incident:
Home Valley Park
6. Describe in narrative form and in detail exactly how the incident occurred:
Attached Sheet
7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): Its pending

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

GERALD MADDEX (HUSBAND)
771 WIND MT. RD.
STEVENSON, WA. 98648

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

2 badly sprained wrists, later had chest pains
doctor says was caused from fall. Also found hair line break
on left wrist on left side. Scrapped hand & knees a little.

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: _____

Have attached sheet

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

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

Because it happened at the Home Valley Park
on County grounds

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 23 DAY OF Nov., 2006

Sola M. Maddux
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.

Attached sheet:

#6

On Friday Oct.27, 06 around 2PM my husband and I went down to Home Valley Park to walk our dogs as we do quite often. We started out by walking around the north side of ball field one going all the way around to the south side of the ball fields to ball field # one and continued walking along the west side of ball field one going back to our pickup when all of a sudden I became entangled in the pieces of cyclone fencing which was left lying on the ground and obscured by leaves and grass growing through it. My foot was caught on one of the loops of wire and lost my balance bringing me flat down on the ground with only my hands to help break the fall. My husband was following behind but not close enough to break my fall but did assist on getting me back on my feet again. The next day my wrists were very sore , aching, throbbing some so come Monday morning I went to my Dr. in Vancouver in which they X-rayed and found no broken bones, but were badly sprained and put them in splints.

On Monday Oct 30, 06 I called Commissioner J. Richardson and explained to him what had happened and also advised him to get someone down there to clean it up before someone else might get hurt. He referred me to the Parks & Rec. Center to file a report.

Lola M. Maddux

Lola M. Maddux

Witness statement:



I Gerald Maddux was a witness to this incident which occurred at the park. My wife described pretty much as to the path that we took and each of us had a dog leash in our hands walking them around the ball fields. I was following a short distance from behind when I saw her starting to fall and by the time I caught up to her she was already down on the ground. I asked if she was O.K. and she said, yes, so I assisted her in getting her back onto her feet and continued back to our vehicle.

Gerald (Bud) Maddux

Unofficial
Copy

Skamania County Claim form

Went home, sat down to watch TV, feeling alright except for some burning on my hands and knees. The next day my right wrist was throbbing when I went to pick something up, next day I went to see my doctor to get X-rays to see if there were any broken bones.

On Oct. 30, 06 I called Commissioner J. Richardson and told him that I had an accident when I was walking my dog in the Home Valley Park. I informed him that I had become entangled in some cyclone fencing that was left lying on the ground and was obscured by grass and leaves. I told him that I had taken a fall, he asked me if I was hurt and explained to him that it had sprained both of my wrists plus other bruises and pulled muscles. He then advised me to file a report at the Rock Creek Center Office.

Unofficial Copy

KAISER PERMANENTE
Northwest Region

After Visit Summary:
Summary of Your Visit Today

Patient
MADDUX, LOLA M HR # 2079-15-82 DOB 11/30/1935 F

Date Time Clinician Seen Today Clinic/Dept
11/09/06 10:30 AM Caroline Bolzendahl ANP KPNW/CPK-FP

During your visit today, we recorded the following information about you:

Temperature	Pulse	Respiration	Blood Pressure
	67/minute		172/90

Your clinician has ordered for you:

General Radiology
XR CHEST ROUTINE (PA/LAT)
WRIST PA & LAT WITH OBLIQUE

EKG
EKG W/ INTERPRETATION

Other instructions from your clinician:

Increase the atenolol to 25mg 1 tablet by mouth 2 times a day.

Check your blood pressure tomorrow and e-mail the results to your doctor tomorrow

The Flu Clinics will be held beginning Oct 14th through Nov 3rd.

Saturday October 14th (except as noted below) 9:30 a.m. to 2:30 p.m.

Monday through Friday, October 16th - November 3rd 8 a.m. to 6 p.m.
(Flu shots will continue to be available after November 3rd throughout the flu season at our Nurse Treatment Rooms and during scheduled clinician visits)

For more information call 503-813-2000 or toll-free at 1-800-813-2000 and press 6.

Cascade Park Medical Office - Conference Room 7
12607 SE Mill Plain Blvd, Vancouver

Salmon Creek Medical Office - Tadpool Room (check in 1st floor cashier's desk)
14406 NE 20th Ave, Vancouver

2006163741
Page 6 of 8



