



Doc # 2007165808
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Date: 04/23/2007 12:59P
Filed by: CMR CLAIMS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$0.00

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE	FOR OFFICE USE ONLY:
{ SKAMANIA COUNTY CLERK OF THE BOARD Skamania County Auditor's Office Skamania County Courthouse 240 North West Vancouver Avenue, Room 27 Stevenson, WA 98648 }	CLAIM NO. _____
	DATE FILED: _____
NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.	COPIES TO: _____
	ATTACHMENTS: YES() NO

1. Name (including spouse if married): (Please Print)

CM R Claims

2. 615 N Classen blvd OKC OK 73106
Address City State Zip

3. 1800-321-4158 Ext #8226 WK Phone: MSSG Phone: 1800 321 4158
Ext #8226

4. Date and time of incident: 8/8/2006

5. Location of incident:
200 N of Salmon Falls & mabee mines Rd
Stevenson, WA

6. Describe in narrative form and in detail exactly how the incident occurred:
Skamania County Road Dept Damaged 50 pair
Cable & Conduit with backhoe while digging
to replace Culvert

7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): undetermined at
this time / waiting for INV

OUR CIm# WAPR06/166

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

N/A

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

Verizon Conduit & Cable were damaged while digging with backhoe

10. Was incident investigated by a police officer? Sheriff _____ State Patrol _____
City _____

N/A

11. If a vehicle was involved in the incident, describe: Make _____
Model _____ Year _____ State _____ License No. _____
Insurance Company _____ Policy Number _____

N/A

12. Describe what you did after the incident occurred:

N/A

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

N/A

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

The Road Dept for Skamania County was replacing a backhoe culvert

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 12 DAY OF April, 2007


Claimant's Signature

File Name: Commis/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.



CMR CLAIMS DEPARTMENT
P.O. BOX 60770
OKLAHOMA CITY, OK 73146-0770
1-866-887-4066

*******NOTICE OF CLAIM*******

Date: 12/14/2006

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

To: SKAMANIA COUNTY ROAD DEPT
PO BOX 790
STEVENSON, WA 97648

CERTIFIED MAIL# 91 7108 2133 3931 6971 3243

RE: Damage to Verizon Property

Verizon Claim No.: WAPR061166

Date of Damage/Discovery: 8/8/2006

**Location of damage: 200'N OF SALMON FALLS & MABEE MINES
RD, STEVENSON, WA**

Amount of Damage: Undetermined

Dear Sir/Madam:

Please be advised that Verizon Facilities sustained damage as a result of the negligent acts or omissions by employees or agents of SKAMANIA COUNTY ROAD DEPT.

Investigation has revealed that on or about 8/8/2006 employees or agents of SKAMANIA COUNTY ROAD DEPT DAMAGED 50 PAIR BURIED CABLE AND CONDUIT WITH A BACKHOE WHILE DIGGING TO REPLACE CULVERT in area of 200'N OF SALMON FALLS & MABEE MINES RD, STEVENSON, WA.

This letter is the written presentment of Verizon's claim pursuant to Washington Statute (RCW 4.96.020(2)).

REQUEST FOR GOVERNMENTAL NOTICE FORM

If your Governmental Entity requires the completion of its own form to complete proper notice, please forward a copy to the address listed above. Every good faith effort has been made to identify the proper office and address to perfect our notice. Please forward to your attorney, if misdirected, to contact us. Matters herein stated are alleged on information and belief this pleader believes to be true. If there is insurance to cover this matter, kindly advise as to the name of the insurance company, its address and the claim number assigned. If you have any questions, or need additional information, please contact me at 1-800-321-4158 ext 8226.

Sincerely,

Ashlee Sanderson
ASHLEE SANDERSON
CMR Claims DEPT

NOTARY

Commission Expires

Michele Givens

11 28 10

