

CMR# 746989 EMBARQ # 1042472



SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY AUDITOR'S OFFICE
Skamania County Courthouse
P.O. Box 790
240 NW 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)
EMBARQ, CMR claims, T.P.A.
2. 615 N. Classen Blvd OK OK 73106
Address City State Zip
3. HM Phone: N/A WK Phone: 800 321 4158 MSSG Phone: _____
878 8732
4. Date and time of incident: April 8, 2008
5. Location of incident: 75 Wind River Highway Carson, Washington
6. Describe in narrative form and in detail exactly how the incident occurred:
Skamania County Public Works Department
damaged an EMBARQ 100 pair buried cable
with a county brush machine.
7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): \$793.99
I attached a copy of the invoice.

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

unknown

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

EMBARZ 100 pair buried cable

10. Was incident investigated by a police officer? no Sheriff na State Patrol na
City na

11. na 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: na

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

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

EMPLOYEES OF SKAMANIA COUNTY WERE RESPONSIBLE FOR THE DAMAGES DUE TO THEM WORKING IN AREA.

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 30th DAY OF April, 2008

Holly J. Ruby
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.

615 N Classen Blvd. Oklahoma City OK 73106 (800)421-2153 (405)606-8200 fax 290-2015 www.cmrclaims.com



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

Date: 04-18-2008

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

To: SKAMANIA COUNTY
COUNTY CLERK
P O BOX 790
240 NW VANCOUVER AVE RM 33
STEVENSON, WA 98648

CERTIFIED MAIL# 91 7108 2133 3934 5589 1938

RE: Damage to Embarq Property

Embarq Claim Num: 1042472
Damage/Discovery Date: 04-08-2008
Damage Location: 7.5 WIND RIVER HWY, CARSON, WA
Damage County: SKAMANIA
Damage Amount: \$ 793.99

Dear Sir/Madam:

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

Investigation has revealed that on or about 04-08-2008 employees or agents of SKAMANIA COUNTY, SKAMANIA COUNTY PUBLIC WORKS DEPARTMENT DAMAGED AN EMBARQ 100 PAIR BURIED CABLE WITH A COUNTY BRUSH MACHINE in the area of 7.5 WIND RIVER HWY, CARSON, WA.

This letter is the written presentment of Embarq'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 8273.

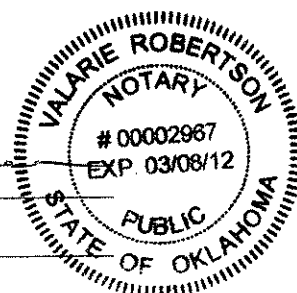
Sincerely,
Holly Finley

CMR Claims DEPT

NOTARY

Commission Expires

3/8/12



**EMBARQ****INVOICE**

April 14, 2008

1042472

CUSTOMER ADDRESS :

SKAMANIA CO PUBLIC WORKS DEPT
PO BOX 790
STEVENSON, WA 98648

REMIT PAYMENT and/or
MAIL CORRESPONDENCE TO:
CMR CLAIMS DEPT.
P.O. Box 60770
Okla City, OK 73146

INQUIRY NUMBER : (800) 900-2997

WORK ACTIVITY #	EMBARQ REF	INVOICE	AMOUNT DUE
1042472	0	EMBRQ0000007125	\$ 793.99

DESCRIPTION:

COST FOR REPAIR AND/OR REPLACEMENT OF FACILITIES DAMAGED
ON 04/08/2008 WHEN FACILITIES WERE DAMAGED AT
WIND RIVER HWY CARSON WA.

LABOR AND MATERIALS

	\$	793.99
TOTAL INVOICE AMOUNT * * *	\$	793.99
TOTAL AMOUNT DUE * * *	\$	793.99

PLEASE REMIT THIS STUB WITH YOUR PAYMENT

SKAMANIA CO PUBLIC WORKS DEPT
PO BOX 790
STEVENSON, WA 98648

PAYMENT DUE UPON RECEIPT

AMOUNT DUE:
\$ 793.99

April 14, 2008
INVOICE: EMBRQ0000007125
WORK ACT#: 1042472
EMBARQ REF: 0

CMR CLAIMS DEPT
P. O. Box 60770
Oklahoma City, OK 73146-0770

AMOUNT PAID:

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615 N Classen Blvd. Oklahoma City OK 73106

CMR
CLAIMS
MANAGEMENT
RESOURCES

PLEASE inform the sender that your mail should be addressed as follows:

EXAMPLE: NAME
PHYSICAL ADDRESS
(P.O. BOX) MAILING ADDRESS
TOWN, STATE, ZIP

The NEW AUTOMATION EQUIPMENT used by the Postal Service
requires a clear and complete address on all mail processed. PM1650

05-09-2008 OKLA CITY OK 730

0214 \$ 00.33
0004081132 MAY 08 2008
MAILED FROM ZIP CODE 73120

Skamania County Auditor's Office
Skamania County Courthouse
PO Box 790
240 NW Vancouver Ave, Rm 27
Stevenson, WA 98648

9864810730 5007

