



## SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

<b>CLAIMANT:</b> <u>THIS CLAIM MUST BE FILED WITH THE</u>  SKAMANIA COUNTY AUDITOR'S OFFICE Skamania County Courthouse P.O. Box 799 240 NW Vancouver Avenue, Room 27 Stevenson, WA 98648	<b>FOR OFFICE USE ONLY:</b>  CLAIM NO. _____  DATE FILED: _____  COPIES TO: _____  ATTACHMENTS: YES( # ) NO
NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.	

1. Name (including spouse if married): (Please Print)  
Michael J Hubbell
2. 392 Cannavina Rd Carson WA 98610  
Address City State Zip
3. HM Phone: 509-427-4717 WK Phone: \_\_\_\_\_ MSSG Phone: 360 573-2215
4. Date and time of incident: JAN 2 2009 10:00 AM
5. Location of incident:  
Skamania County Court House.
6. Describe in narrative form and in detail exactly how the incident occurred:  
Slipped on water between the 3rd & 2nd floor in the county courthouse.  
Fell down eleven stairs.
7. What is the amount of damages claimed arising out of the following circumstances  
(Include estimates and bills, if available): \$10,666.05 to date in medical bills,  
\$7,500 general damages

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Describe the damages or injuries you sustained as a result of the incident: Acute cervical/lumbosacral strain, contusion, acute left hip contusion, left rib cage contusion, left knee contusion, left shoulder contusion/strain

10. Was incident investigated by a police officer? Sheriff \_\_\_\_\_ State Patrol \_\_\_\_\_  
No 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: taken by ambulance to the hospital, x-rays, MRI, physical therapy, follow up at Rebound Orthopedics.

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. County employees called 911 from 3rd floor came down to 2nd floor and told me to be still and asked about where it hurt.

14. How did you identify the County as the party responsible for your damage? pooled water on the county courthouse stairs between the 2nd and 3rd floors.

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 1<sup>st</sup> DAY OF June, 2009

  
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.