



## SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

<b>CLAIMANT:</b>	<b>THIS CLAIM MUST BE FILED WITH THE</b>	<b>FOR OFFICE USE ONLY:</b>
	SKAMANIA COUNTY HUMAN RESOURCE Skamania County Courthouse, P.O. Box 790 240 NW Vancouver Avenue, Lower Level Stevenson, WA 98648	CLAIM NO. _____  DATE FILED: _____  COPIES TO: _____
<b>NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.</b>		ATTACHMENTS: YES(#___) NO

- Name (including spouse if married): (Please Print)  
\_\_\_\_\_
- Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- HM Phone: \_\_\_\_\_ WK Phone: \_\_\_\_\_ MSSG Phone: \_\_\_\_\_
- Date and time of incident: \_\_\_\_\_
- Location of incident:  
\_\_\_\_\_  
\_\_\_\_\_
- Describe in narrative form and in detail exactly how the incident occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): \_\_\_\_\_  
\_\_\_\_\_

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:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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 \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
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.