



RM No. _____

SKAMANIA COUNTY CLAIM FOR DAMAGES

INSTRUCTIONS TO CLAIMANT: Please read this entire claim form before answering. Provide as much information as possible. **PLEASE PRINT OR TYPE.** You may attach additional pages if you need more space. Mail or deliver this Claim for Damages to the Skamania County Auditor, Skamania County Courthouse, 240 NW Vancouver Avenue, PO Box 790, Stevenson, WA 98648. Business Hours: Monday–Thursday, 7:30 a.m. to 5:30 p.m. Office closed on official state holidays.

CLAIMANT INFORMATION

Claimant's Name: _____ Date of Birth: _____

If Married and Community Property Claim, Spouse's Name: _____

Current Residence Address: _____

Residence Address on Date of Incident (If different): _____

Daytime Telephone: _____ Evening Telephone: _____ Email: _____

INCIDENT INFORMATION

State the date, time and place the injury and/or damage occurred: _____

Describe in detail how the injury and/or damage occurred: _____

Provide the names and, if known, address and telephone numbers, of all persons involved in or witness to this incident:

Provide the names of all county employees having knowledge of this incident: _____

Was this incident reported to or investigated by law enforcement, safety or security personnel? _____ If yes, provide the name of the investigation agency and officer: _____

DAMAGES INFORMATION

Describe your injury and/or property damage: _____

If your vehicle was damaged, provide year, manufacturer, model and mileage and **attach copies of all accident reports**:

Describe the cause of your injury and/or property damage: _____

If you are claiming personal injury, have your injuries been treated by a health care provider? _____ If yes, then **attach copies of all billings and medical reports** for hospitalization and treatment.

If you are claiming property damage, do you have estimates or invoices for repairs or replacement? _____ If yes, then **attach copies of all written repair or replacement estimates and/or invoices**.

Has an insurance company paid for your injury, medical expenses or damages? _____ Has Medicare, Medicaid, or the Department of Labor & Industries or other Worker's Compensation paid for your injury or medical expenses? _____

If yes to either question, provide the name of the payer and the amounts paid: _____

Explain the items of monetary damage you claim: _____

I hereby claim total damages from Skamania County in the amount of \$ _____.

This Claim for Damages must be signed by the Claimant, by a person appointed as attorney-in-fact for the Claimant under a written power of attorney, by an attorney admitted to practice in the State of Washington on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of Washington that the information submitted in this Claim for Damages is true and correct.

Signature of Claimant

Date Signed

Place Signed