



SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT THIS CLAIM MUST BE FILED WITH:

SKAMANIA COUNTY RISK MANAGER
Rock Creek Hegewald Center/General Services Dept.
P.O. BOX 369
710 SW Rock Creek Drive / Room B135
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___

PLEASE COMPLETE ALL SECTIONS, PLEASE PRINT CLEARLY

1. Name (including spouse if married):

2.

Mailing Address City State Zip

Physical Address City State Zip

3. HM Phone: _____ WK Phone: _____ MSSG/MOBILE: _____

4. Date and time of incident: _____

5. Location of incident:

6. Describe in narrative form and in detail exactly how the incident occurred:

7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): _____

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.



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8. Please list name and address of any and all witnesses or persons involved:
- _____
- _____
- _____
9. Describe the damages or injuries you sustained as a result of the incident: _____
- _____
- _____
10. Was incident investigated by a police officer? Yes ___ No ___ (Indicate which below)
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____

ATTACHMENTS: YES (#____) NO____

Claimant's Signature

Print Name of Claimant

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