

RESOLUTION NO. 2018-46

(Amend Resolution 2010-71 to change the address on the Claim For Damage Form)

WHEREAS, Skamania County is required by RCW 4.96 to designate an agent to receive claims for damages against Skamania County; and;

WHEREAS, the Skamania County Board of Commissioners has moved the personnel receiving the forms to the Skamania County Courthouse; and

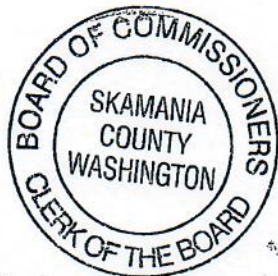
WHEREAS, the current "Skamania County Claim for Damages Form" needs to be amended to reflect this change;

NOW THEREFORE BE IT RESOLVED that the Board of County Commissioners requires that the amended "Skamania County Claim for Damage" Form (Attachment A) be used when filing claims against Skamania County; and

BE IT FURTHER RESOLVED all claims shall be filed with the Skamania County Risk Manager at Skamania County Courthouse lower level Human Resource Office 240 NW Vancouver Avenue, P O Box 790, Stevenson, WA 98648 between the hours of 7:30 am and 5:30 pm Monday through Thursday.

PASSED IN REGULAR SESSION this 21st day of August 2018.

ATTEST:



Heidi B Penner, FMA
Clerk of the Board

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

[Signature]
Commissioner

[Signature]
Commissioner

[Signature]
Commissioners

APPROVED as to form only:

[Signature]
Skamania County Prosecuting Attorney

Aye 3
Nay 0
Abstain 0
Absent 0



SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

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

1. Name (including spouse if married): (Please Print)

2. Address _____ City _____ State _____ Zip _____
3. HM Phone: _____ WK Phone: _____ MSSG Phone: _____
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): _____

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.