

RESOLUTION 2010 - 71

(Amend Resolution 2001-32, 2001-48, 2007-42, and 2010-09 to change designated agent to receive Claim for Damages against Skamania County and to amend Claim Form to indicate new agent)

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

WHEREAS, Skamania County Board of Commissioners deems it in the best interest to change the agent to receive such claims on behalf of Skamania County;

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

NOW, THEREFORE, BE IT RESOLVED that the Risk Manager shall be designated as the agent to receive claims for damages against Skamania County and that the Risk Manager may also designate another person in his office to accept delivery in the Risk Manager's Office; and

BE IT FURTHER RESOLVED that 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 Hegewald Rock Creek Center, 710 SW Rock Creek Drive, Room A109, PO Box 790, Stevenson, WA 98648 between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday.

BE IT FINALLY RESOLVED, that this resolution shall be filed with the Skamania County Auditor's Office as required by RCW 4.96.

PASSED IN REGULAR SESSION this 30th day of ~~December~~ ^{November}, 2010.



BOARD OF COUNTY COMMISSIONERS
SKAMANIA COUNTY, WASHINGTON

Jamie Taylor
Chairman

Janie Richardson
Commissioner

Paul R.
Commissioner

ATTEST:

Danella Johnson
Clerk of the Board

APPROVED AS TO FORM ONLY:

[Signature]
Prosecuting Attorney

For 3
Against _____
Abstain _____
Absent _____



SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE	FOR OFFICE USE ONLY:
SKAMANIA COUNTY RISK MANAGER Hegewald Rock Creek Center 710 SW Rock Creek Drive, Room A109 PO Box 790 Stevenson, WA 98648	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: ___ No ___ Yes (# ___)

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.

COMMISSIONER'S AGENDA ITEM COMMENTARY

SUBMITTED BY:	Risk Management <i>Marilyn Gutter</i>
AGENDA DATE:	November 30, 2010
SUBJECT:	Resolution 2010-71: Change Agent to Receive Claims on behalf of Skamania County and amend "Claim for Damages" Form to reflect that change.
REQUESTED ACTION:	Approve Resolution 2010 – 71

SUMMARY/BACKGROUND

RCW 4.96 requires the County to designate an agent to receive claims for damages against Skamania County. Currently the designated agent is the Prosecuting Attorney.

The Board discussed having the Risk Manager serve as the agent. The attached resolution would make that change.

The attachment to the Resolution is an amended claim form that reflects the change in agent and the new address for submitting claims.

FISCAL IMPACT

None

RECOMMENDATION

Approve Resolution 2010-71 with the amended claim form.
File a copy of the Resolution with the County Auditor, as required by RCW 4.96
Place the "Claim for Damages" form on the County website for access by the public.

LIST ATTACHMENTS

Resolution 2010 – 71 with amended "Claim for Damages" form