

02/16/2016 10:12:22 AM

201602160002

\$0.00
Claims Against County/r/s/miso
Kittitas County Auditor

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KITITITAS COUNTY PROS



PROSECUTOR GZ
COMMISSIONERS JK
DEPARTMENT GD
INSURANCE JP

KITITITAS COUNTY CLAIM FOR DAMAGES

Return to:

County Auditor

205 W 5th Ave, Suite 105
Ellensburg, WA 98926
509-962-7504

Instructions:

Please read the entire form before completion. Fill out each question as completely as possible, to the best of your ability. Do not hesitate to use the back side of this form if you need more than the space provided. An incomplete response may delay the processing of your claim.

1. Name (Including spouse, if married):

TRAVIS MANUEL KELLY

2. Phone (Home): (509) 859 1110 (Work): ()

3. Address (include former address if at present address for less than 6 months):

2001 N WALNUT ST. #118 ELLensburg, WA 98926

Physical

PO Box 165 ELLensburg, WA 98926

Mailing

4. Date of Birth: [REDACTED]

5. Date and Time of Incident:

2-1-16 TIME UNKNOWN

6. Location of Incident:

KITITITAS COUNTY CORRECTIONS CENTER

205 W 5th AVE ELLensburg, WA 98926

7. Describe in detail the defect which caused the injury:

ON OR ABOUT 2-1-16 I WAS UNABLE TO USE MY SECURUS PHONE ACCOUNT, I THEN NOTIFIED THE CORRECTIONS STAFF WHO THEN RESET MY ACCOUNT CAUSING MY FUNDS TO BE SENT TO WESTER UNION FOR COLLECTION BY ME AFTER RELEASE.

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

K.C.C.C. CLOSED AN ACCOUNT I HAD OPENED WITH "SECURUS" CAUSING ME TO LOSE ACCESS TO FUNDS.

9. List the names of all persons involved and contact information, if known.

IT IS UNKNOWN WHO IN CORRECTIONS STAFF CLOSED MY ACCOUNT BUT "J-32" NOTIFIED ME ON 2-4-16 WHAT HAD HAPPENED.

10. Was claim investigated by a police officer? _____

Sheriff ☒ State Patrol _____ City Police _____

11. Description of claimant's vehicle: N/A Make _____ Year _____

Model: _____ License No. _____

12. Describe what you did after the accident occurred:

I HAVE WRITTEN SEVERAL "LETTERS" TO STAFF ASKING FOR HELP TO REMEDY THIS PROBLEM TO NO AVAIL.

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred:

SEVERAL COUNTY CORRECTIONS STAFF HAVE EXPRESSED SORROW BUT ALL HAVE SAID S.O.L.

14. Describe the damages or injuries which you sustained as a result of the incident:
I LOST NOT ONLY THE MONETARY VALUE
BUT THE ABILITY TO CONTACT FAMILY FOR SOME TIME.
15. What is the amount of damages claimed? (Include estimates and bills, if available):
THE COUNTY FAILED TO PROVIDE AN EXACT AMOUNT "RETURNED"
BUT AM ASKING FOR AMOUNT, PLUS \$100.00 FOR THE TIME
I WAS UNABLE TO CONTACT MY CHILDREN. SEE BIL
16. How did you identify the County as the party responsible for your damage?
A BIL RETURNED TO ME BY "J32" EXCEEDED
RESPONSIBILITY FOR ERROR BY KCCC STAFF.
17. List the names and addresses of all witnesses to the incident:
T-32 KCCC.
WHO EVER CLOSED SAID ACCOUNT (ALSO KCCC STAFF)
MYSELF, TRAVIS MANUEL KELLY (INMATE KCCC)
18. Are you covered by insurance? NO If yes, who is your insurance agent/carrier?

Dated this 10th Day of FEB., 2016

Signature of Claimant

Subscribed and sworn (affirmed) to before me this 10th day of February, 2016.

Seal



Tina L. Rowan
Notary Public in and for the State of Washington
Residing at Ellensburg
09-15-2017

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Ashley Rose Refused Amount + \$1000.00 \$500.00 Day until
PAID IN FULL. FROM 2-1-16

Amount lost, plus \$5.00 for notary, plus \$1000.00 for
suffering of me & family, plus \$1.00 a day until
paid in full starting 2-1-16.

