## Kittitas County Prosecuting Attorney

## GREGORY L. ZEMPEL

KITTITAS COUNTY COURTHOUSE 205 WEST FIFTH, ROOM 213 ELLENSBURG, WA 98926-3129 TELEPHONE: (509) 962-7520 FAX: (509) 962-7022 / SCAN: 962-7520 FÁMILÝ SUPPÓRT DIVISION 507 NORTH PINE STREET, SUITE C ELLENSBURG, WA 98926-3129 TELEPHONE: (509) 962-7521 FAX: (509) 962-7016

CIVIL DIVISION 205 WEST FIFTH, ROOM 213 ELLENSBURG, WA 98926-3129 TELEPHONE: (509) 962-7664 FAX: (509) 962-7060

KITTITAS COUNTY

August 10, 2010

Kittitas County Sheriff's Office Attn: Gene Dana Public Safety Building 307 W. Umptanum Road Ellensburg WA 98926 08-17-10 08:48 RCVD

Re:

Claim of Jared L. Staloch

Claim Number: 201008090014

## Greetings:

We have received the documentation on the above listed claim. If by chance, you did not receive this information, we have attached a copy for you. It appears that this claim relates to an incident involving your department. Please give us your input on the claim, what happened, and any records that you have relative to this matter.

If you have any questions, please give us a call.

Very truly yours,

NEIL A. CAULKINS

Deputy Prosecuting Attorney

Enclosure as noted CC: BOCC, WSRP NAC/th

PROSECUTOR 67

08/09/2010 01:04:00 PM S0.00 Claims Against County/ris/misc Kittitas County

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## KITTITAS COUNTY CLAIM FOR DAMAGES

Return to: County Auditor 205 W 5th, Suite 105 Ellensburg, WA 98926



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): Jared Lane Staloch
<ol> <li>3.</li> </ol>	Phone #: (Home): <u>(509) 925-1598</u> (Work): ()
	S45 HWy 97 Ellensourg W.A. 98926
4.	Date of Incident: 7/9/10
5.	Location of Incident: Kittitas county corfections center

6. Describe in detail the defect which caused the injury:			
7. Describe in narrative form and in detail exactly how the incident occurred: I came  In with a pair of White asics shows they were agt  ceturnod at redlease  8. Was claim investigated by a police officer?			
Sheriff State Patrol City Police  9. Description of claimant's vehicle: Make Year License No			
10. Describe what you did after the accident occurred:			
14. How did you identify the County as the party responsible for your damage? +he  jail was supposed to have them for me at release  I had signed a property form with them  on it.  15. List the names and addresses of all witnesses to the incident: Office r holmes  Jared Staloch			

16. Are you covered by insurance?agent/carrier?	If yes, who is your insurance
Dated this 10 Day of Angust	, 20 <u>lo</u> Signature of Claimant
* * * No	tary * * *
	Waife deimeters of Chiman
	Verified signature of Claimant
Subscribed and sworn (affirmed) to before me t	hisDay of
Seal	
No	otary Public in and for the State of Washington
Re	esiding at

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Updated 12/14/07

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