| PROSTRUTOR 62    |
|------------------|
| CONSULTSIONERS X |
| PERARTMENT KIY   |
| TERANCE 10       |

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\$0.00 Claims Against County/rls/misc Kittitas County Auditor

## TION HOUR OF BUILDING OF HEALTH AND A STATE OF THE STATE

## 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): Penny L. Blackburn  |
|----|--|
| 2. | Date of Birth: + 100 26 2010  509 674-2366  Phone #: (Home): ( ) (Work): ( ) Same                                    |
| 3. | 907 674-2366<br>Phone #: (Home): (_) Same  |
| 4. | Address (include former address if at present address for less than 6 months): 3190 Red Eridge Rd Cle Elum WA 98122. |
|    |  |
| 5. | Date of Incident: $1/7/09$   |
| 6. | Location of Incident: Teanaway property  |
|    |  |

|                                     | attached.                    |                            |                 |
|-------------------------------------|------------------------------|----------------------------|-----------------|
| Was claim investig                  | ated by a police officer? 1  | 10_                        |                 |
| Sheriff                             | State Patrol                 | City Police                |                 |
| 0. Description of c                 | laimant's vehicle:           | Make                       | Year            |
| Model                               |                              | License No                 |                 |
| Describe the co                     | nversations you had, if any, | with County personnel duri | ng or after the |
| 2. Describe the co                  |                              | with County personnel duri | ng or after the |
| 2. Describe the connected occurred: | nversations you had, if any, | with County personnel duri | ng or after the |

| 16. List the names and addresses o    | of all witnesses to the incident: Not required               |
|---------------------------------------|--|
| 17. Are you covered by insurance?     | If yes, who is your insurance                                |
| Dated this 4th Day of Ja              | Muliugening & Blackburn Signature of Claimant                |
| *                                     | Xanna Millie J. D.  Verified signature of Claimant           |
| Subscribed and sworm (affirmed) to be | efore me this Day of Juny, 20/                               |
| Seal 3 NOTARY PUBLIC OF WASHING       | Notary Public in and for the State of Washington Residing at |

## Answers to Questions 7, 8 and 15:

Claimants live along or near the Teanaway River in the vicinity of Washington State Highways 10 and 970, and Lambert Road and Quail Valley Road. These public highways and Kittitas County roads are protected from the Teanaway River by a series of levees and dikes designed, constructed, improved, maintained, and repaired by the State of Washington and Kittitas County, or their predecessors in interest. These river control measures diverted and altered the natural watercourse of the Teanaway River. During high water events, the system is designed to confine the river to its main channel, thereby reducing its flood conveyance capacity.

On or about January 7, 2009, a high water event in the Teanaway River caused the failure of certain levees and dikes. The river flowed out of its confined channel and onto and across Claimants' properties, causing significant damage.

The State and County agencies responsible for the Teanaway River knew or should have known of the insufficiencies of the flood control projects along the river and the dangers posed to Claimants' properties. Claimants were not told of the dangers, nor were their properties in designated floodplains or floodways.