



CLAIM FOR DAMAGES

Claims must be presented to: City of Battle Ground Risk Manager
109 SW 1st St., Suite 221
Battle Ground, WA 98604

Date Received:

Received by:

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the City of Battle Ground, Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Please print legibly and attach documents relating to expenses, injuries losses and/or repairs.

CLAIMANT INFORMATION

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LAST NAME: Swanson FIRST NAME: Kristina MIDDLE I: K.

DATE OF BIRTH: 6/10/1970

CURRENT RESIDENTIAL ADDRESS: [REDACTED] CITY [REDACTED] STATE WA ZIP 98604

ADDRESS AT TIME OF CLAIM OCCURRENCE: [REDACTED]

CURRENT MAILING ADDRESS: c/o Counsel, 111 SW Columbia St, Ste 1010 CITY Portland STATE OR ZIP 97201

DAYTIME PHONE NO.: (503) 221-9706 (counsel) ☒ WORK ☐ HOME (CHECK ONE)

CELL PHONE NO.: Contact through counsel EMAIL ADDRESS: sdmcculloch@sdmlaw.net (counsel)

DESCRIPTION OF INCIDENT

INCIDENT DATE: August 5, 2026 (Resolution No. 26-06) TIME: 7:00 ☐ AM ☒ PM

IF INCIDENT OCCURRED OVER A PERIOD OF TIME, LIST DATE OF FIRST AND LAST OCCURRENCE:

START DATE: March 2026 END DATE: Ongoing

INCIDENT LOCATION: Battle Ground City Hall Council Chambers, 109 SW 1st St., 2nd Fl., Battle Ground, WA

DESCRIBE THE CAUSE OF INJURY OR DAMAGES AND EXPLAIN THE EXTENT OF INJURIES OR PROPERTY LOSS:
(attach additional sheets if necessary)

Wrongful removal of Claimant as City Manager. On Aug. 5, 2026, after a closed executive session in which Council reviewed complaints solicited by the Mayor that Claimant was never shown or allowed to answer, the City Council adopted Res. No. 26-06 removing her "without cause" and suspended her, two days after rating her performance above average. Claims include sex discrimination and retaliation (RCW 49.60; Title VII), wrongful discharge, breach of contract, and violations of RCW 42.30.110(1)(f) and RCW 35A.13.120. Lost wages, benefits and PERS; emotional distress; reputational harm. AND SEE ATTACHMENT A.

NAME, ADDRESS & PHONE NO. OF ANY WITNESSES: See Attachment A, Section 4.

City officials and staff, c/o City of Battle Ground, 109 SW 1st St., Battle Ground, WA 98604, (360) 342-5008

A CLAIM BEEN SUBMITTED TO PERSONAL INSURANCE COMPANY? ☐ YES ☒ NO

PROVIDE NAME OF INSURANCE CARRIER, AGENT NAME, ADDRESS, POLICY NUMBER AND PHONE NUMBER:

INSURANCE CARRIER: _____ AGENT NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

POLICY NUMBER: _____ CLAIM NUMBER: _____

ASSISTANCE PROVIDED

NAMES OF CITY EMPLOYEES HAVING KNOWLEDGE OF THE INCIDENT: Mayor Eric Overholser; Councilmembers

Brian Munson, Victoria Ferrer, Aimee Vaile; Chief Dennis Flynn; Lts. Jason Perdue and Jim Keller; others in Attachment A

HAS THIS INCIDENT BEEN REPORTED TO LAW ENFORCEMENT? ☐ YES ☒ NO

IF YES, WHAT AGENCY AND OFFICER (IF KNOWN):

N/A

PROVIDE NAMES, ADDRESSES AND PHONE NUMBERS OF TREATING MEDICAL PROVIDERS, ASSISTANCE PROVIDED AND ATTACH COPIES OF MEDICAL REPORTS AND INVOICES:

Not attached; to be provided through counsel upon request if appropriate

ADDITIONAL INFORMATION FOR AUTOMOBILE CLAIMS ONLY

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MAKE: _____ MODEL: _____ YEAR: _____

DRIVER NAME: _____

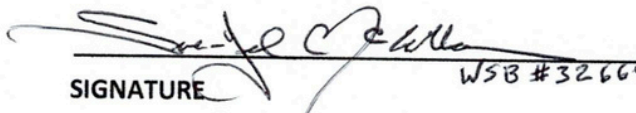
DRIVER LICENSE NO.: _____ LICENSE PLATE NO.: _____

OWNER NAME (IF DIFFERENT FROM DRIVER): _____

PASSENGER(S) NAME, ADDRESS & PHONE NUMBER:

_____**CLAIM AMOUNT**

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FOREGOING IS TRUE AND CORRECT. THIS CLAIM FORM MUST BE SIGNED BY THE CLAIMANT, A PERSON HOLDING A WRITTEN POWER OF ATTORNEY FROM THE CLAIMANT, BY AN ATTORNEY ADMITTED TO PRACTICE IN WASHINGTON STATE ON THE CLAIMANT'S BEHALF OR BY A COURT APPOINTED APPROVED GUARDIAN OR GUARDIAN AD LITEM ON BEHALF OF THE CLAIMANT.

I CLAIM DAMAGES FROM THE CITY OF BATTLE GROUND IN THE AMOUNT OF \$ 5,000,000.00[Print Form](#)
SIGNATURE _____

WSB #32667

DATED: Oct. 6, 2026**NOTARY**

STATE OF WASHINGTON

COUNTY OF _____

I CERTIFY THAT I KNOW OR HAVE SATISFACTORY EVIDENCE THAT _____

IS THE PERSON WHO APPEARED BEFORE ME AND THAT _____ SIGNED THE SAME AS _____

VOLUNTARY ACT FOR THE PURPOSES MENTIONED IN THE INSTRUMENT.

Notary for the State of _____

Appointment Expires _____