

## Claim for Damages Form

*For Official Use Only*

City/Organization: \_\_\_\_\_

Date Received from Claimant \_\_\_\_\_

### Claimant Information

Claimant's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current residential address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Residential address at the time of the incident (if different from current address):

Claimant's daytime phone number (work, home or cell) \_\_\_\_\_

Claimant's email address: \_\_\_\_\_

### Incident Information

Date of the incident: \_\_\_\_\_

Time: \_\_\_\_\_

If the incident occurred over a period of time, date of first and last occurrences:

From: \_\_\_\_\_

To: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name, addresses and telephone numbers of all persons involved in or witness to this incident: \_\_\_\_\_

Name of all of our employees having knowledge of this incident: \_\_\_\_\_

Name, addresses and telephone numbers of all individuals not already identified above that have knowledge regarding the issues involved in this incident or knowledge of the claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

\_\_\_\_\_

Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

\_\_\_\_\_

Has this incident been reported to law enforcement? Yes  No  . If yes, which agency and name of officer (if known)?

\_\_\_\_\_

Have you filed a claim with your insurance carrier? Yes  No

If so, what is their name, phone number and claim number? \_\_\_\_\_

Name address and telephone numbers of treating medical providers. Please attach billings and records if available.

\_\_\_\_\_

Please attach any other documentation that you believe support your claim's allegations

**\*Additional Information Required for Automobile Claims Only\***

License Plate # \_\_\_\_\_ Year/ Make/ Model \_\_\_\_\_  
Driver Name, Address & Phone \_\_\_\_\_  
Owner Name, Address & Phone \_\_\_\_\_  
Passenger(s) Name, Address & Phone \_\_\_\_\_

I am claiming damages in the amount of \$ \_\_\_\_\_

\*\*\*\*Please print out completed form and sign below\*\*\*\*

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-approved guardian or guardian ad litem on behalf of the Claimant.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

*(If notarized, for notary to complete)*

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

My appointment expires: \_\_\_\_\_