

Claim for Damages Form

CLAIMANT INFORMATION

Name:

Date of Birth:

Current Residential Address:

Mailing Address (if different):

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

Phone Numbers:

Email Address:

INCIDENT INFORMATION

Date of Incident:

Time:

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

From:

To:

Location of Incident:

Name, address and phone numbers of all persons involved in or witness to this incident:

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.

INCIDENT INFORMATION CONTINUED

Has this incident been reported to law enforcement? If so, which agency and name of officer (if known).

Have you filed a claim with your insurance carrier? If so, what is their name, phone number and claim number?

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

Please attach any other documentation that you believe support your claim

Additional Information Required for Automobile Claims Only

License Plate #:

Year/Make/Model:

Driver Name, Phone, Address:

Owner Name, Phone Address:

Passenger(s) Name, Phone, Address:

I am claiming damages in the amount of _____

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct.

This claim form must signed by the Claimant, a person holding 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:

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

Dated: _____

[Print name:]

Notary Public in and for the State of Washington,

Residing at _____

My commission expires: _____