

INSTRUCTIONS FOR COMPLETING THE CLAIM FOR DAMAGE FORM

- Before filing a Claim, please read these instructions and then complete the Claim Form and other appropriate forms in their entirety.
- **Type or print clearly in ink and sign the Claim Form.**
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
- The following are examples on how to complete the Claim Form.
 1. Smith, Karen Michelle, 02/02/1975
 2. 1234 College Way NW, Apt. 56, Everett, WA 98201
 3. PO Box 910, Everett, WA 98206
 4. Same (or residence at the time of incident)
 5. (425) 123-4567
 6. Karen@email.com
 7. 08/08/2008, 8:00 am/pm
 8. If the incident that caused the damages occurred over a period of time, please provide the beginning date and time and the ending date and time.
 9. Washington, Snohomish, Everett, Safeway parking lot
 10. Evergreen Way northbound near 41st Street
 11. If the incident involves a vehicle accident/collision, please provide the requested information relating to your vehicle.
 12. Smith, Thomas Arthur, 1234 Everett Avenue, Everett, WA 98201 (425) 456-3456
 13. If known
 14. Describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
 15. If you reported this incident to law enforcement or the District, please provide a copy of the report or the contact information for the person with whom you spoke.
 16. If you were treated for a personal injury, provide all of your medical providers' names, addresses, telephone numbers, and the type of treatment. Include your medical records and bills and sign and attach a Medical Release form.
 17. Supporting documents
 18. Provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of the total compensation you are claiming.

Claim for Damages

Pursuant to Chapter 4.96 of the Revised Code of Washington (RCW), this form is for filing a tort claim against the District. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. The General Manager is the District's designated agent for the purpose of receiving claims. ***Claim forms cannot be submitted electronically (via e-mail or fax).***

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original signed claim form to:

CLAIMANT INFORMATION:

1) Claimant's name:

<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Date of birth (mm/dd/yyyy)</i>
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2) Current residential address: _____

3) Mailing address (if different): _____

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

5) Claimant's telephone number: _____

<i>Home</i>	<i>Cell</i>	<i>Business</i>
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6) Claimant's e-mail address: _____

INCIDENT INFORMATION:

7) Date of incident: _____ Time: _____ a.m./p.m. (circle one)

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

From: _____ Time: _____ a.m./p.m. (circle one) To: _____ Time: _____ a.m./p.m. (circle one)
(mm/dd/yyyy) (mm/dd/yyyy)

9) Location of incident: _____

<i>County</i>	<i>City, if applicable</i>	<i>Place where occurred</i>
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10) If the incident occurred on a street or highway:

<i>Name of the street or highway</i>	<i>At the intersection with or nearest intersecting street</i>
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11) If this claim involves a vehicle accident/collision, provide your vehicle information:

<i>Plate No.</i>	<i>Make</i>	<i>Model</i>	<i>Year</i>
<i>Driver's Name</i>	<i>Driver's License No.</i>	<i>Vehicle Owner(s) (if different from driver)</i>	
<i>Owner's Insurance Company</i>	<i>Phone No.</i>	<i>Policy No.</i>	

12) Names, addresses and telephone numbers of all persons involved in or witnesses to this incident:

13) Names, addresses and telephone numbers of all District employees having knowledge about this incident: _____

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

15) Has this incident been reported to law enforcement or the District? If so, when and to whom?

16) Names, addresses, and telephone numbers of treating medical providers. Attach copies of all medical reports and billings. _____

17) Please attach documents that support the claim's allegations.

18) I claim damages from the District in the sum of \$ _____.

This claim form must be signed by either the Claimant or on behalf of the Claimant by an attorney who holds a written power of attorney for the Claimant, or by an attorney at law admitted to practice in the State of Washington, or by a court-approved guardian or guardian ad litem.

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

Signature of Claimant	Date	Place signed (City and State)
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