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:**___________________________**am/pm**

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.

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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.

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

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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 ____

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:__________________________

<u>Please address your claim:</u>

City of Medina

ATTN: Director of Finance Ryan Wagner

<u>You can submit your claim in person to the following address:</u>

501 Evergreen Pt. Rd.

Medina WA, 98039

<u>Or by mail to:</u>

PO Box 144

Medina WA, 98039