

Incident information

Date of the incident: _____ Time: _____ am pm
(mm/dd/yyyy)

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

From: _____ To: _____
(mm/dd/yyyy) Time am pm (mm/dd/yyyy) Time am pm

Where did the incident occur? _____

Name of street or road: _____

Nearest intersection: _____

Describe what happened (attach additional pages if need):

How was this municipality involved?

Were you injured? Yes No

Describe any damage to your property or injuries:

Was your vehicle involved or damaged? Yes No

License plate:	Make:	Model:	Year:
Registered owner name:			
Insurance company:			
Insurance policy number:			

Witnesses and others involved:

	Name	Phone/Email	How was this person involved?
1.			
2.			
3.			

I am claiming damages in the amount of \$ _____ If damages are unknown, provide an estimate if possible.

Please attach documents which support the claim's allegations.

This claim form must be signed by the claimant, a person holding a written power of attorney from claimant, an attorney for the claimant, by an attorney admitted practicing in Washington state of behalf of the claimant, or by a court-approved guardian or guardian ad litem on behalf of the claimant.

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

Printed name of person who completed the form: _____

Signature of claimant/Individual who completed the form: _____

Date and city and state: _____