

# CLAIM FOR DAMAGES FORM

## CITY OF FEDERAL WAY:

Please take note that (1) \_\_\_\_\_, who currently resides at (2) \_\_\_\_\_, mailing address (3) \_\_\_\_\_, home phone # (4) \_\_\_\_\_, work phone # (5) \_\_\_\_\_, and who resided at (6) \_\_\_\_\_ at the time of the occurrence and whose date of birth is (7) \_\_\_\_\_ is claiming damages against the CITY OF FEDERAL WAY in the sum of (8) \$ \_\_\_\_\_ arising out of the following circumstances listed below.

(9) **DATE OF INCIDENT:** \_\_\_\_\_ (10) **TIME:** \_\_\_\_\_

(11) **LOCATION OF INCIDENT:** \_\_\_\_\_

### DESCRIPTION:

(12) Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (attach an extra sheet for additional information, if needed)

(13) Provide a list of witnesses, if applicable, to the occurrence including names, addresses, phone numbers, and knowledge of incident.  
\_\_\_\_\_  
\_\_\_\_\_

(14) Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

(15) Have you submitted a claim for damages to your insurance company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide the name of the insurance company: \_\_\_\_\_  
and the policy #: \_\_\_\_\_

(16) <b>** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY **</b>	
License Plate # _____	Driver License # _____
Type Auto: _____ (year) (make) (model)	
(a) <b>DRIVER:</b> _____	(b) <b>OWNER:</b> _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
(c) <b>Passengers:</b>	
Name: _____	Name: _____
Address: _____	Address: _____

(17) \* \* **NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED** \* \*  
I, \_\_\_\_\_, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

X \_\_\_\_\_  
X \_\_\_\_\_  
Signature of Claimant(s)

State of Washington  
County of \_\_\_\_\_

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 \_\_\_\_\_

Please file in person or by U.S. Mail with: City Clerk, City of Federal Way, 33325<sup>th</sup> 8<sup>th</sup> Ave. S., Federal Way, WA 98003.  
Business Hours – 8:00 a.m. – 5:00 p.m. Monday through Friday.

## INSTRUCTIONS FOR COMPLETING CLAIM FOR DAMAGES FORM – CITY OF FEDERAL WAY

- Before filing a Tort Claim, please read these instructions, the Tort Claim form, and other appropriate forms in their entirety.
- Type or print clearly in ink and sign the Tort Claim form in front of a notary of public.
- 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, estimates, 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 for Damages form:
  1. Claimant's Name: John Doe Smith
  2. Claimant's Current Address: 1234 Apple Way, Seattle, WA 98104
  3. Claimant's Current Mailing Address: P.O. Box 1234, Seattle, WA 98104
  4. Claimant's Home Phone: 206-123-2345
  5. Claimant's Work Phone: 206-987-8765
  6. Claimant's Address at the time of alleged incident: 561 College Way, Seattle, WA 98111
  7. Claimant's Date of Birth: January 1, 2000
  8. Amount of Claim: \$1.00
  9. Date of Incident: December 31, 2001 - If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time.
  10. Time of the Incident: 8:00 a.m.
  11. Location of Incident: 89 West Way, Federal Way.
  12. Description: Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why. If you reported this to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with or police department and case number.
  13. List all other witnesses having knowledge of the incident in question, their names, addresses, and telephone numbers that are not listed within the previous items. Also include a description of knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnesses the incident.
  14. Provide copies of any documents related to expenses, injuries, losses, and/or estimates of repair. Copy of auto repair estimate.
  15. Mark the "Yes" or "No" box as to whether or not your insurance has been notified. If so, provide the insurance company name and policy number. Yes, Pemco, Claim # 446622
  16. Automobile Claims ONLY. License Plate Number and State: 256-123 WA; Driver's License Number and State of License for the person driving at the time of incident: WA DOE\*\*J456; Year, Make and Model of Vehicle: 1985 Ford Escort, 4 door sedan
    - a) Driver Name, Address, and Phone: Lisa Doe Smith, 1234 Apple Way, Seattle, WA 98104. 206-123-2345
    - b) Owner of Vehicles Name Address, and Phone: John Doe Smith, 1234 Apple Way, Seattle, WA 98104. 206-123-2345.
    - c) Passengers Name, Address, and Phone: Lisa Doe Smith, 1234 Apple Way, Seattle, WA 98104. 206-123-2345.
  17. Notary. Claimant or authorized representative (see notation below) must sign the claim form in front of a notary public and the notary must notarize the form.
- The claim form must be signed by the Claimant, a person holding a written power of attorney from the claimant, by the attorney in fact for 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.
- PLEASE FILE THE CLAIM IN PERSON OR BY U.S. MAIL. City Clerk, City of Federal Way, 33325 8<sup>th</sup> Ave. S., Federal Way, WA 98003. Business Hours – 8:00 a.m. – 5:00 p.m. Monday through Friday.