

10. If the incident occurred on a street or highway:

Name of street

Street address

At the intersection with or nearest
intersecting street

11. Agency or department alleged responsible for damage/injury:

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

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

14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability 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.

15. 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.

16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

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

18. Please attach documents which support the claim's allegations.

19. I claim damages in the sum of \$ _____

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 to practice 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 und the laws of the State of Washington that the foregoing is true & correct.

Signature of claimant

Date and place (residential address, city and county)