

Claim for Damages Form

For Official Use Only

City/Organization: City of Mill Creek

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: _____

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.

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.

Has this incident been reported to law enforcement? Yes No . If yes, which agency and name of officer (if known)?

Have you filed a claim with your insurance carrier? Yes No

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.

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 \$ _____

****Please print out completed form and sign below****

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

STATE OF WASHINGTON

COUNTY OF _____

On this day personally appeared before me _____, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and seal of office this _____ day of _____, 20_____.

Signature: _____

Notary Public residing at _____

Printed Name: _____

My Commission Expires: _____