

**SNOHOMISH COUNTY
CLAIM FOR DAMAGE FORM**

For Official Use Only

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against Snohomish County. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. By law, claim forms cannot be submitted electronically (via e-mail or fax). **PLEASE TYPE OR PRINT IN INK**

**Mail or deliver original claim to: SNOHOMISH COUNTY RISK MANAGER
3000 ROCKEFELLER M/S/ 610
EVERETT, WA 98201-4046**

**Business Hours: Monday – Friday, 8:00 a.m. to 5:00 p.m.
Closed on weekends and holidays.**

CLAIMANT INFORMATION

- (1) Claimant's name: _____
(Last Name) (First) (Middle) (Date of birth: mm/dd/yyyy)
- (2) Current residential address: _____
- (3) Mailing address (if different): _____
- (4) Residential address on the date of the incident (if different from current address):

- (5) Claimant's daytime phone numbers: home phone # _____, business/cell # _____
E-mail address: _____

INCIDENT INFORMATION

- (6) Date of incident: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
- (7) If the incident occurred over a period of time, date of first and last occurrences:
From: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
To: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
- (8) Location of incident: _____
(Place where occurred) (City, if applicable)
- (9) If the incident occurred on a street or highway:

(Name of street/highway) (intersection or nearest intersecting street)
- (10) County department alleged responsible for damage/injury: _____

(11) Names, address, and telephone numbers of all persons involved in or witness to this incident:

(12) Name, addresses, and telephone numbers of all county employees having knowledge about this incident:

(13) Names, addresses, and telephone numbers of all individuals not already identified in (11) and (12) 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.

(14) 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.

(15) Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

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

(17) Please attach documents which support the claim's allegations.

(18) I claim damages in the amount of \$_____

****ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY****

License Plate # _____ Driver License # _____

Type Auto: _____
(year) (make) (model)

DRIVER: _____
Address: _____
Phone #: _____

OWNER: _____
Address: _____
Phone #: _____

PASSENGERS:
Name: _____
Address: _____

Name: _____
Address: _____

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

NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED

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

X _____

X _____

Signature of Claimant(s)

Subscribed and sworn to before me this _____ day of _____, 20 ____.

NOTARY PUBLIC in and for the State of Washington