

**INSTRUCTIONS FOR COMPLETING  
THE SNOHOMISH COUNTY  
CLAIM FOR DAMAGE FORM**

Before filing a Claim for Damage please read these instructions and the Claim for Damage form in its entirety.

The Claim for Damage form must be signed and notarized. Type or print clearly in ink and sign the Claim for Damage form.

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, 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 Damage form:

- (1) Doe, John Conner, 12/01/1980.
- (2) 222 One Way Street, Apt. Z, Seattle, Washington 98178
- (3) Post Office Box 111, Seattle, Washington 98178
- (4) Same (or residence at the time of incident)
- (5) (425) 123-4567 (206) 789-1011  
name@ISP.com
- (6) January 1, 2009, 8:00 a.m.
- (7) If the incident that caused the damages occurred over a period of time, please provide the beginning and ending time in item (7).
- (8) Safeway parking lot, Monroe, Washington.
- (9) Highway 9 at 155<sup>th</sup> street.
- (10) Snohomish County roads
- (11) Fitzgerald III, Mortimer, 3287 Wonderful Lane, Everett, Washington 98201, (360)111-1111; tow truck driver, XYZ Towing.
- (12) Unknown
- (13) List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items (11) and (12). Also include a description of their knowledge. For example if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
- (14) Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
- (15) If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information of the person with whom you spoke.
- (16) Please provide the names of all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include medical records and bills.
- (17) Attach any documents that support the claim allegations.
- (18) Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss etc. This amount should represent your opinion of total compensation.

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