

Claim for Damages Form Packet

Please *carefully read all of the information in this packet* before completing and presenting your Claim for Damages form

Documents Contained in the Claim for Damages Form Packet:

- Instructions for completing the Claim for Damages form
- Claim for Damages form

Legal Requirements for Presenting Claim for Damages Form:

In order to verify the claim and additional supporting information, the law requires that the Claim for Damages form be signed by one of the following:

- The Claimant; or
 - A person who has been given authority by the Claimant under a written power of attorney; or
 - An attorney, admitted to practice in Washington State on the Claimant's behalf; or
 - A court-approved guardian or guardian ad litem on behalf of the Claimant.
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- State law requires an original signature on the Claim for Damages form. This means that claim forms cannot be submitted electronically (fax or e-mail).
 - Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

Present in Person or Mail the Claim for Damages Form and Supporting Documents to:

City of Fife
City Clerk's Office
5411 23rd Street East
Fife, WA 98424
Business Hours: Monday-Friday, 8:30 a.m. to 5:00 p.m.
Closed on weekends and holidays.

INSTRUCTIONS FOR COMPLETING A CLAIM FOR DAMAGES FORM

Before presenting a Claim for Damages form, please read these instructions and the Claim for Damages form in their entirety.

Type or print clearly in ink and sign the Claim for Damages 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 for Damages form can be easily read and understood.

The following are examples on how to complete the Claim for Damages Form

1. Smith, Karen Michelle 05/09/1974
2. 1234 54th Street, Fife, WA 98424
3. PO Box 910, Fife WA 98424
4. Same (or residence at the time of incident)
5. (253) 123-4567
6. ksmith@email.com
7. 08/02/2009 8:00 a.m.
8. 08/02/2009 8:00 a.m. to 08/06/2009 1:00 p.m.
9. Washington, Pierce, Fife, City Hall parking lot
10. I-5, Southbound, near the Port of Tacoma Exit OR 54th Avenue and 20th Street
11. Public Works Department.
12. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Tacoma WA 98402, (253) 345-6789; Tow Truck Driver, Tacoma Towing OR unknown
13. Doe, Jane, Public Works employee (253) 502-5555 OR unknown
14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 12 and 13. 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.

15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when, and why.
16. If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
17. Please provide 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 copies of your medical records and bills as appropriate.
18. Please attach any documents of documents that support the claim's allegation. Remember to keep a copy as submitted material will not be returned.
19. 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.

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

13. Names, addresses and telephone numbers of all City of Fife 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 from the City of Fife 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 and correct.

Signature of Claimant

Date and place (residential address, city and county)