

# 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 have 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.
- State law requires an original signature on the Claim for Damages form. This means that the claim forms cannot be submitted electronically (fax or email).
- 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 Black Diamond  
City Clerk's Office  
PO Box 599/ 24301 Roberts Drive  
Black Diamond, WA 98010

Business hours: Monday – Friday, 8:30 a.m. to 5:00 p.m.  
Closed on weekends and holidays.

# Instruction 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. Doe, John Alan 06/27/1982
2. 1234 1<sup>st</sup> Street, Black Diamond, WA 98010
3. PO Box 999, Black Diamond, WA 98010
4. Same (or residence at the time of incident)
5. 360-886-1234
6. [jdoe@email.com](mailto:jdoe@email.com)
7. 02/26/2010 9:00 a.m.
8. 02/26/2010 9:00 a.m. to 02/27/2010 1:00 p.m.
9. Washington, King, Black Diamond, City Hall parking lot
10. Highway 169, Southbound, near the Lawson St. intersection OR Roberts Drive and Morgan Street
11. Public Works Department
12. Smith, Betty Ann, 1234 Botts Drive, Black Diamond WA 98010, (360)886-9999; Tow Truck Driver, Black Diamond Towing OR Unknown
13. Brown, Dave, Public Works employee (360) 886-5555 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 brother was with you, when the alleged incident occurred, please include his name, address, telephone number, and indicate he 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 of 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 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.

# City of Black Diamond Claim for Damages Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Black Diamond. Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via email or fax).

## PLEASE TYPE OF PRINT IN INK

### Mail original claim to:

City of Black Diamond  
City Clerk  
PO Box 599  
Black Diamond, WA 98010

OR

### Deliver original claim to:

City of Black Diamond  
City Clerk  
24301 Roberts Drive  
Black Diamond, WA 98010

Business hours: Monday – Friday, 8:30 a.m. to 5:00 p.m.  
Closed on weekends and holidays.

## CLAIMANT INFORMATION

1. Claimant's name:

\_\_\_\_\_

<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Date of birth (mm/dd/yyyy)</i>
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2. Current residential address:

\_\_\_\_\_

3. Mailing address (if different):

\_\_\_\_\_

4. Residential address for six months prior to the date of the incident (if different from current address):

\_\_\_\_\_

5. Claimant's daytime telephone number: \_\_\_\_\_  
*Home* *Business*

6. Claimant's email address: \_\_\_\_\_

## INCIDENT INFORMATION

7. Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one)  
*(mm/dd/yyyy)*

8. If the incident occurred over a period of time, date of first and last occurrences:

From \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_, Time: \_\_\_\_\_  a.m.  p.m.  
*(mm/dd/yyyy)* *(mm/dd/yyyy)*

9. Location of incident: \_\_\_\_\_  
*State and County*                      *City*                      *Place where occurred*

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

\_\_\_\_\_ *Name of Street*                      *Street Address*                      *at the intersection with or nearest intersecting st.*

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

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Names, addresses and telephone numbers of all City of Black Diamond 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 number of treating medical providers. Attach copies of all medical reports and billings.

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

19. I claim damages from the City of Black Diamond 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 in practice in Washington State on behalf of the Claimant, or by a court-approved guardian ad litem on behalf of the claimant.

I declare under penalty of perjury under 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)*