



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

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Name of street

Street address

At the intersection with or nearest  
intersecting street

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

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

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13. Names, addresses and telephone numbers of all employees having knowledge about this incident:

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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.

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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.

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16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

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17. Names, addresses and telephone numbers 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 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 & correct.

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Signature of claimant

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Date and place (residential address, city and county)