RM CLAIM NUMBER_____

PEND OREILLE COUNTY
CLAIM FOR DAMAGES

INSTRUCTIONS TO CLAIMANT: Please read this entire claim form before answering. Each question must be answered as completely as possible. Add additional pages if you need more space. **PLEASE PRINT OR TYPE.** File this Claim for Damages with the Pend Oreille County Auditor, P.O. Box 5015, Newport, WA 99156.

CLAIMANT INFORMATION

Claimant's Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Home Address: _____

Home Telephone: _____ Work Telephone _____

BASIS FOR CLAIM

State the date, time and location of the injury and/or damage claimed: _____

_____

Describe in detail how your injury and/or damage occurred: _____

_____

_____

_____

_____

IF A VEHICLE ACCIDENT OCCURRED, YOU MUST ATTACH A COPY OF EACH TRAFFIC COLLISION REPORT FILED AND THREE WRITTEN ESTIMATES FOR REPAIR OF YOUR VEHICLE. ALSO PROVIDE THE FOLLOWING INFORMATION:

Vehicle Year_____ Make_____ Model_____ License_____

What did you do immediately after the injury and/or damage occurred?_____

_____

Describe any conversations you had with County personnel during or after the occurrence and include the date, time, place and name of the employee for each conversation:

_____

_____

_____

Why do you believe the County is responsible for your injury and/or damage?

_____

_____

List the name, address and telephone number of each witness to your injury and/or damage:

_____

_____

_____

Do you have homeowners, renters, vehicle and/or medical insurance which may provide coverage for your claimed injury and/or damage? _____ If yes, then provide the following information for each policy:

Home :_____ _____ _____
Company Name Agent's Name Policy Number

Renter :_____ _____ _____
Company Name Agent's Name Policy Number

Vehicle :_____ _____ _____
Company Name Agent's Name Policy Number

Medical :_____ _____ _____
Company Name Agent's Name Policy Number

DAMAGES

If you are claiming personal injury, have your injuries been treated by a health care provider? _____ If yes, then **attach copies of <u>all</u> billings** for hospitalization and treatment. **Attach a written opinion from your health care provider** describing your injuries, any disability resulting from your injuries, and the course of future treatment.

If you are claiming property damage, do you have estimates or invoices for repairs or replacement? _____ If yes, then **attach copies of <u>all</u> written estimates and/or invoices**:

_____

_____

What is the total dollar amount you are claiming for injuries and/or damages? _____

Signed under penalty of perjury under the laws of Washington this ____ day of _____, 20___, at
(Day) (Month) (Year)

_____.
(City) (State)

_____
Signature of Claimant

_____
Signature of Claimant's Spouse