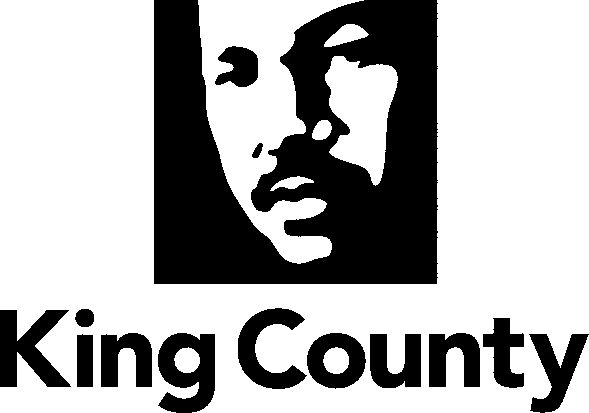
**Claim for Damages**



Department of Executive Services

**Office of Risk Management Services**

Phone: 206-263-2250

TTY: 800-833-6388

8:30am - 4:30pm

Monday – Friday

kingcounty.gov/claims

**Instructions**

Complete **both** **sides** of this form. Give specific details about your damage or loss. Include witnesses and supporting documents.

Information and documents you submit are subject to public records laws.

**Do not send sensitive personal or medical records with your claim form.**

Our investigator will request your personal or medical records if needed.

Be sure to **sign** your completed claim form.

You may submit your completed claim form either of these ways:

1. Email your signed, completed claim form to fileaclaim@kingcounty.gov
2. Mail or deliver your signed, completed claim form to:

King County Office of Risk Management Services

King Street Center

201 South Jackson Street, Suite 320

Seattle, WA 98104

The Office of Risk Management Services will investigate your claim. Our investigation begins when we receive your claim form. Your investigator may request supporting documents. They will provide an email address where you can submit these documents.

Your claim may result in one of three outcomes in which King County will:

1. Pay a sum of money.
2. Tender or transfer the claim to a different responsible party or entity.
3. Deny a claim when there is no evidence of King County liability.

If you have questions please call the Office of Risk Management Services at 206-263-2250.

**Claimant information**

Preferred language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claimant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mailing address: |  |  |  |  |
|  | Street address - City - State - ZIP | | | |

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_ /\_\_\_\_ /\_\_\_\_

Are you represented by an attorney? □ Yes □ No

Attorney name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mailing address: |  |  |  |  |
|  | Street address - City - State - ZIP | | | |

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident information**

Incident date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ Incident time: \_\_\_\_:\_\_\_\_ □ AM □ PM

Where did the incident occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of street or road: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nearest intersection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what happened (attach more pages as needed). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Were you injured? □ Yes □ No

Describe any damage or injuries. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How was King County involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses and others involved:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name - Phone/Email - How was this person involved? | | |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Was your vehicle involved or damaged? □ Yes □ No

License plate: \_\_\_\_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_

Owner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance claim number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was a Metro Transit bus or other King County vehicle involved? □ Yes □ No

Route: \_\_\_\_\_\_\_\_\_\_\_ Vehicle number: \_\_\_\_\_\_\_\_\_\_\_ License plate: \_\_\_\_\_\_\_\_\_\_\_\_

I was a: □ Bus passenger □ Driver of another vehicle □ Pedestrian

□ Passenger in another vehicle □ Owner of another vehicle □ Bicyclist

I claim damages in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Signature | Printed name | Date | City and state |