CLAIM FOR DAMAGES FORM

INSTRUCTIONS

Please read all the information on this page before completing and presenting your Claim for Damages.

Type or print clearly in ink and sign the Claim for Damages.

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. Please note that if medical records are attached, they will be considered public records and subject to disclosure.

If the requested information cannot be supplied in the space provided, please use additional blank sheets so that your Claim for Damages can be easily read and understood.

Legal Requirements for Presenting Claim for Damages

To verify the claim and additional supporting information, the law requires that the Claim for Damages be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney in fact for the Claimant; or
- 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.

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

City of Bainbridge Island
Attention: City Clerk
280 Madison Avenue North
Bainbridge Island, WA 98110-1812
Business Hours: Monday-Friday, 8 a.m. to 4 p.m.


Claimant Information

Claimant's name: ___________________________ Date of Birth: ___________________________

Current residential address: ___________________________________________________________

Mailing address (if different): __________________________________________________________

Residential address at the time of the incident (if different from current address): __________

Claimant’s daytime phone number (work, home or cell) ________________________________

Claimant’s email address: ____________________________________________________________

Incident Information

Date of the incident: ___________ Time: ________________ am/pm

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

From: ___________________________ To: ___________________________

Location of incident: ________________________________________________________________

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

________________________________________________________________________________

________________________________________________________________________________

Name of all our employees having knowledge of this incident: ___________________________

________________________________________________________________________________

Name, addresses and telephone numbers of all individuals not already identified above that have
knowledge regarding the 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.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

________________________________________________________________________

Has this incident been reported to law enforcement? If so, which agency and name of officer (if known).

________________________________________________________________________

Have you filed a claim with your insurance carrier? If so, what is their name, phone number and claim number?

________________________________________________________________________

Name address and telephone numbers of treating medical providers. Please attach billings and records if available.

________________________________________________________________________

Please attach any other documentation that you believe support your claim's allegations

*Additional Information Required for Automobile Claims Only*

<table>
<thead>
<tr>
<th>License Plate #</th>
<th>Year/Make/Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver Name, Address &amp; Phone</td>
<td></td>
</tr>
<tr>
<td>Owner Name, Address &amp; Phone</td>
<td></td>
</tr>
<tr>
<td>Passenger(s) Name, Address &amp; Phone</td>
<td></td>
</tr>
</tbody>
</table>

I am claiming damages in the amount of $______

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct. This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

Signature of Claimant  Date

I certify that I know or have satisfactory evidence that ___________________________ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: ___________________ Signature: ___________________ Title: ___________________

My appointment expires: ___________________