



CITY OF
BAINBRIDGE ISLAND

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.

**Please send the
Claim for Damages and supporting documents to:**

City of Bainbridge Island
Attention: City Clerk
280 Madison Avenue North
Bainbridge Island, WA 98110-1812
cityclerk@bainbridgewa.gov



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CLAIM FOR DAMAGES FORM

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

License Plate # _____ Year/Make/Model _____

Driver Name, Address & Phone _____

Owner Name, Address & Phone _____

Passenger(s) Name, Address & Phone _____

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