



## City of Washougal Claim for Damages Form

Finance  
1701 C Street  
Washougal, WA 98671  
(360) 835-8501 • Fax (360) 835-8808  
[www.cityofwashougal.us](http://www.cityofwashougal.us)

*For City Use Only:*

*Date Received by Risk  
Management*

Pursuant to Chapter 4.96 RCW, this form is for filing a claim for damages against the City of Washougal. Please complete the form and enclose any supporting documentation (estimates, receipts, photos etc.). This form must be signed by the claimant in the presence of a notary.

Return the signed and completed form either in person or mail to:

The City of Washougal City Hall  
Office of Human Resources  
1701 C Street  
Washougal, WA 98671

*Note: faxes and e-mails will not be accepted. Once the claim has been filed with the City, it will be submitted to the Washington Cities Insurance Authority for investigation.*

Please take note that \_\_\_\_\_, who currently resides at \_\_\_\_\_,  
\_\_\_\_\_, mailing address \_\_\_\_\_,  
\_\_\_\_\_, home phone # \_\_\_\_\_, work  
phone # \_\_\_\_\_, and who resided at \_\_\_\_\_  
at the time of the occurrence and whose date of birth is \_\_\_\_\_, is claiming damages against \_\_\_\_\_  
in the sum of \$ \_\_\_\_\_ arising out of the following circumstances  
listed below.

**DATE OF OCCURRENCE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**LOCATION OF OCCURRENCE:** \_\_\_\_\_

### DESCRIPTION:

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

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

3. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

4. Have you submitted a claim for damages to your insurance company? Yes No

If so, please provide the name of the insurance company: \_\_\_\_\_  
and the policy #: \_\_\_\_\_

**\* \* ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY \* \***

License Plate: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Type Auto: \_\_\_\_\_  
(year) (make) (model)

**Driver:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**Passengers:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**\* \* NOTE: THIS FORM MUST BE SIGNED \* \***

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

*(If notarized, for notary to complete)*

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: \_\_\_\_\_