

Claim for Damages Pierce County

Risk Management Division, Ph: 253-798-7462

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Notice: No damages can be paid by Pierce County unless a claim complying with Washington State Law is presented to Pierce County Risk Management. After filing a claim, please direct all questions to Risk Management at (253) 798-7462 (Office Hours 8:00am - 4:30pm). **Pursuant to RCW 42.56 any documents submitted with this claim form are public records subject to disclosure.**

Instructions: (1) Complete this form giving specific details about your damage or loss. **Include dates, times, witnesses and supporting documents** (attach additional pages as necessary). (2) Sign the form. (3) Return completed form with signature to **Pierce County Risk Management, 950 Fawcett Avenue, Suite 100, Tacoma, WA 98402 or PCRISKMGMT@piercecounitywa.gov. (RCW 4.96.020)** **Explanation of claims process:** After this Claim for Damages is received by Risk Management, a claim number and an Investigator will be assigned. The Investigator will conduct an investigation and contact you if further information is needed.

Name: _____ **Date of Birth:** _____
First Middle Last (or business name)

Address: _____
(Home or Business) City/State/Zip

Business Phone: _____ **Home Phone:** _____ **Message/Cell Phone:** _____

Address at time loss/ incident occurred: _____
(Home or Business) City/State/Zip

Date of Incident: _____ **Time of Incident:** _____ **Amount Claimed: \$** _____

Location of Loss/Incident: _____

Description of Details (Describe how the loss/incident occurred):

Pierce County's Involvement (if possible, please identify employee, department and/or vehicle involved):

Witnesses (please provide addresses and phone numbers):

- (1) _____
- (2) _____
- (3) _____

Property Damage (please describe the value and extent of the damage to your home, automobile or personal property. Attach estimates, bills, photographs and whatever documentation of damages you may have):

Make/Model: _____ **Year:** _____ **License #:** _____

Insurance Company: _____ **Policy #:** _____

Were you injured? Yes No; If yes, then complete the following:

Are you currently receiving medical treatment? Yes No Are you currently on Medicare/Medicaid? Yes No

Describe your injury (Identify your doctor(s)/healthcare provider(s)):

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

Signature of Claimant or Authorized Agent (RCW 4.96.020 (3)) Date