

**KITSAP PUBLIC HEALTH DISTRICT
INSTRUCTIONS FOR COMPLETING THE
CLAIM FOR DAMAGE FORM**

Before filing a Claim for Damage, please read these instructions and the Claim for Damage form in its entirety.

The Claim for Damages form must be signed and notarized. Type or print clearly in ink and sign the Claim for Damages form. If you are incapacitated, a minor, or a non-resident of Washington State, a relative, attorney or agent may sign on your behalf.

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.

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

The following are examples on how to complete the Claim for Damages form:

- (1) Doe, John Conner, 12/01/1955
- (2) 222 One Way Street, Apt. Z, Bremerton, WA 98337
- (3) Post Office Box 111, Bremerton, WA 98337
- (4) Same
- (5) (360) 555-5555
- (6) January 1, 2011, 8:00 a.m.
- (7) If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item (7).
- (8) Washington, Kitsap, Bremerton, parking lot of XYZ Cleaners.
- (9) Highway 3 southbound, Milepost, near Kitsap Way Exit.
- (10) Kitsap Public Health District.
- (11) Fitzgerald, Mortimer, 1234 Kitsap Way, Bremerton, Washington 98337, (360) 111-1234; tow truck driver, ABC Towing.
- (12) Unknown
- (13) List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items (11) and (12). Also include a description of their knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
- (14) Please describe the incident that resulted in injury or damages, specifically answer the questions who, what, where, when and why.
- (15) If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
- (16) Please provide all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for personal injury, please include medical records and bills.
- (17) Attach documents which support the claim's allegations.
- (18) Please provide the dollar amount of your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.

THE CLAIM FOR DAMAGE FORM MUST BE SIGNED AND NOTARIZED