

KITTITAS COUNTY CLAIM FOR DAMAGES

Return to:

County Auditor

205 W 5th Ave, Suite 105

Ellensburg, WA 98926

509-962-7504

Instructions:

Please read the entire form before completion. Fill out each question as completely as possible, to the best of your ability. Do not hesitate to use the back side of this form if you need more than the space provided. An incomplete response may delay the processing of your claim.

1. Name (Including spouse, if married):

2. Phone (Home): (_____) (Work): (_____)

3. Address (include former address if at present address for less than 6 months):

Physical

Mailing

4. Date of Birth: _____

5. Date and Time of Incident:

6. Location of Incident:

7. Describe in detail the defect which caused the injury:

8. Describe in narrative form and in detail exactly how the incident occurred:

9. List the names of all persons involved and contact information, if known.

10. Was claim investigated by a police officer? _____

Sheriff _____ State Patrol _____ City Police _____

11. Description of claimant's vehicle: _____ Make _____ Year _____

Model: _____ License No. _____

12. Describe what you did after the accident occurred:

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred:

14. Describe the damages or injuries which you sustained as a result of the incident:

15. What is the amount of damages claimed? (Include estimates and bills, if available):

16. How did you identify the County as the party responsible for your damage?

17. List the names and addresses of all witnesses to the incident:

18. Are you covered by insurance? _____ If yes, who is your insurance agent/carrier?

Dated this _____ Day of _____, 20____.

Signature of Claimant

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____.

Seal

Notary Public in and for the State of Washington
Residing at _____
