

YAKIMA COUNTY CLAIM FOR DAMAGES FORM

General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for presenting a claim for damages against Yakima County. Information requested on this form may be subject to public disclosure. This claim form must be presented with an original signature and cannot be submitted electronically (via email or fax).

PLEASE TYPE OR PRINT IN INK

FOR OFFICE USE ONLY:

Mail or deliver original claim to:

Yakima County Prosecuting Attorney
Corporate Counsel Office
128 N. 2nd Street, Room 211
Yakima, WA 98901

CLAIM NO.: _____

DATE FILED: _____

COPIES TO: _____

Attachments: Yes (# _____) No

CLAIMANT INFORMATION:

(1) Claimant's name: _____
(Last Name) (First) (Middle)

(2) Current residential address: _____

(3) Mailing address (if different): _____

(4) Residential address for *Six Months* prior to the date of the incident (if different from current address):

(5) Claimant's daytime phone numbers: _____
Home Work Cell

(6) Claimant's email address: _____

INCIDENT INFORMATION:

(7) Date of Incident: _____ Time: _____ a.m. _____ p.m.

(8) If the incident occurred over a period to time, date of first and last occurrences:

From: _____ Time: _____ a.m. _____ p.m.

To: _____ Time: _____ a.m. _____ p.m.

(9) Location of incident: _____
(Name of street/highway) (Intersection or nearest intersecting street)

(10) Yakima County Department(s) or employee(s) alleged responsible for damage/injury.

(11) Names, addresses, and telephone numbers of all persons involved in, or witness to, this incident.

(12) Names, addresses, and telephone numbers of all Yakima County departments or employees having knowledge about this incident.

(13) Names, addresses, and telephone numbers of all individuals not already identified in (11) and (12) above that have knowledge regarding the liability 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.

(14) Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical, or mental injuries. Attach additional sheets if necessary.

(15) Has the incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

(16) Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

(17) Please attach documents which support the claimed allegations.

(18) I claim damages from Yakima County in the amount of \$_____.

(19) If you are injured, are you a Medicare beneficiary? ____ Yes ____ No, if Yes, please provide Medicare #_____.

(20) If your claim involves a motor vehicle accident, complete, sign and include the attached vehicle collision form.

(21) If you are presenting a personal injury claim, complete, sign and include the attached Medical Release form.

This claim form must be signed by either: the claimant, verifying the claim; pursuant to a personal written power of attorney, by the attorney in fact for the claimant, by an attorney admitted to practice in Washington state on the claimant's behalf, or by a court-appointed guardian or guardian ad litem on behalf of the claimant.

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

Signature of Claimant

Date