

Claim for Damages

Alternative Format Available

See instructions on back.



King County

Department of Executive Services
Risk Management Division
Ph: 206-296-7432
TTY: 800-833-6388

This Box is For Official Use Only.

Name: _____
First, Middle, Last (or business name)

Address: _____
(Home or business) City State Zip

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

Date of Birth: _____ Email Address: _____

Your Address at time of loss / incident: _____
Address City State Zip

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

Address/Location of loss/incident: _____

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

(Attach additional pages and supporting documents as needed.)

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

Witnesses (please provide addresses and phone numbers):

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

Complete this section for Metro Transit claims.

Route Number: _____ Coach / Vehicle Number: _____ Coach / Vehicle License Number: _____

I was a: Bus Passenger Pedestrian Owner Driver of Another Vehicle Passenger in Another Vehicle

Other (Describe): _____

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

Make: _____ Model: _____ Year: _____ License Number: _____ Insurance Name: _____ Policy Number: _____

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

Describe your injury (Identify your doctors(s)/healthcare provider(s)): _____

Are you still receiving medical treatment? No Yes Employer: _____

Wage Loss? No Yes If Yes, rate of pay: _____ Type of work: _____

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

(Date and Place (City, State))

Signature

