

# Claim for Damages

Alternative Format Available

See instructions on back.



**King County**

Department of Executive Services

**Risk Management Division**

Ph: 206-263-2250

TTY: 800-833-6388

This Box is For Official Use Only.

Please identify your preferred language of communication: \_\_\_\_\_

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: \_\_\_\_\_

County Claim Number / Clerks Date Stamp

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))  
King County Claim for Damages Form (Rev 2/4/16)

\_\_\_\_\_  
Signature

## INSTRUCTIONS FOR PRESENTATION OF A CLAIM

Complete the Claim for Damages form giving specific details about your damage or loss. Please type or print legibly. Include dates, times, and relevant witness information. It is to your advantage to also present with your claim relevant supporting documents (receipts, canceled checks, estimates, billings, etc.) or additional evidence (photos, diagrams, etc.). Sign and date the completed form and mail or deliver it to:

King County Clerk of the Council  
King County Courthouse  
Room W1200  
516 Third Avenue  
Seattle, WA 98104

Between the hours of 8:30 am and 4:30 pm

**NOTICE:** No damages can be paid by King County unless a claim complying with Washington State Law is presented to the Clerk of The Council. After filing a claim, please direct all questions to the Office of Risk Management at (206) 263-2250. All submitted documents are subject to the Washington State public disclosure statutes. The submitted Claim for Damages form must contain an original signature. Copies, facsimiles or forms with out a signature will be rejected.

### EXPLANATION OF CLAIMS PROCESS

After a complete Claim for Damages form is submitted to the King County Clerk of the Council’s Office, a number will be assigned to your claim and it will be delivered to the Office of Risk Management. The claim will then be assigned to an Investigator who will be in contact with you. During the investigation you may be asked to provide additional information in support of your claim. Your claim will be evaluated and may result in one of three outcomes in which King County will:

1. Pay a sum of money.
2. Tender or transfer the claim to a different responsible party or entity.
3. Deny a claim where there is no evidence of King County liability.

The space below is provided for additional description or details as needed.

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