

Claim for Damages



King County

Department of Executive Services
Office of Risk Management Services

Phone: 206-263-2250

TTY: 800-833-6388

8:30am - 4:30pm

Monday – Friday

kingcounty.gov/claims

Instructions

Complete **both sides** of this form. Give specific details about your damage or loss. Include witnesses and supporting documents.

Information and documents you submit are subject to public records laws.

Do not send sensitive personal or medical records with your claim form.

Our investigator will request your personal or medical records if needed.

Be sure to **sign** your completed claim form.

You may submit your completed claim form either of these ways:

1. Email your signed, completed claim form to fileaclaim@kingcounty.gov
2. Mail or deliver your signed, completed claim form to:

King County Office of Risk Management Services
King County Administration Building
500 Fourth Avenue, Suite 320
Seattle, WA 98104

The Office of Risk Management Services will investigate your claim. Our investigation begins when we receive your claim form. Your investigator may request supporting documents. They will provide an email address where you can submit these documents.

Your claim 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 when there is no evidence of King County liability.

If you have questions please call the Office of Risk Management Services at 206-263-2250.

Claimant information

Preferred language: _____

Claimant name: _____

Mailing address: _____
Street address - City - State - ZIP

Email address: _____

Preferred phone: _____ Alternate phone: _____

Date of birth: _____

Are you represented by an attorney? ☐ Yes ☐ No

Attorney name: _____

Mailing address: _____
Street address - City - State - ZIP

Email address: _____

Phone: _____

Incident information

Incident date: _____ Incident time: _____ ☐ AM ☐ PM

Where did the incident occur? _____

Name of street or road: _____ Nearest intersection: _____

Describe what happened (attach more pages as needed).

Were you injured? ☐ Yes ☐ No

Describe any damage or injuries.

How was King County involved? _____

Witnesses and others involved:

Name - Phone/Email - How was this person involved?

1. _____

2. _____

3. _____

Was your vehicle involved or damaged? ☐ Yes ☐ No

License plate: _____ Make: _____ Model: _____ Year: _____

Owner name: _____

Insurance company: _____

Insurance policy number: _____

Insurance claim number: _____

Was a Metro Transit bus involved? ☐ Yes ☐ No

Route: _____ Vehicle number: _____ License plate: _____

I was a: ☐ Bus passenger ☐ Driver of another vehicle ☐ Pedestrian

☐ Passenger in another vehicle ☐ Owner of another vehicle ☐ Bicyclist

I claim damages in the amount of \$_____.

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

Signature

Printed name

Date

City and state