

# Mason County Claim for Damages Form



Claim No. \_\_\_\_\_  
Received \_\_\_\_\_

Date \_\_\_\_\_

This Claim for Damages form is provided solely for accommodation to claimants, and the County makes no representations as to its legal sufficiency. Responsibility for complying with all requirements of the State Law regarding claims rests with the claimant. Mason County employees are not authorized to advise a claimant in completing this form or reviewing its sufficiency. Mason County expressly disclaims responsibility for any such advice or review. If claimant needs more space to answer items, additional sheets may be attached with specified item number. Send or deliver completed claim for damages form to:

CLERK OF THE BOARD OF MASON COUNTY COMMISSIONERS  
411 North 5<sup>th</sup> Street, Shelton, WA 98584

Business Hours: Monday through Friday - 8:00 a.m. to 5:00 p.m.

## CLAIMANT INFORMATION

Claimant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If Married and Community Property Claim, Spouse's Name: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_

Residence Address on Date of Incident (If different): \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## INCIDENT INFORMATION

State the date, time and place the injury and/or damage occurred: \_\_\_\_\_

Describe in detail how the injury and/or damage occurred: \_\_\_\_\_

Provide the names and, if known, address and telephone numbers, of all persons involved in or witness to this incident:

Provide the names of all county employees having knowledge of this incident: \_\_\_\_\_

Was this incident reported to or investigated by law enforcement, safety or security personnel? \_\_\_\_\_ If yes, provide the name of the investigation agency and officer: \_\_\_\_\_

**DAMAGES INFORMATION**

Describe your injury and/or property damage: \_\_\_\_\_

\_\_\_\_\_

If your vehicle was damaged, provide year, manufacturer, model and mileage and **attach copies of all accident reports:**

Describe the cause of your injury and/or property damage: \_\_\_\_\_

\_\_\_\_\_

If you are claiming personal injury, have your injuries been treated by a health care provider? \_\_\_\_\_ If yes, then **attach copies of all billings and medical reports** for hospitalization and treatment.

If you are claiming property damage, do you have estimates or invoices for repairs or replacement? \_\_\_\_\_ If yes, then **attach copies of all written repair or replacement estimates and/or invoices.**

Has an insurance company paid for your injury, medical expenses or damages? \_\_\_\_\_ Has Medicare, Medicaid, or the Department of Labor & Industries or other Worker's Compensation paid for your injury or medical expenses? \_\_\_\_\_

If yes to either question, provide the name of the payer and the amounts paid: \_\_\_\_\_

\_\_\_\_\_

Explain the items of monetary damage you claim: \_\_\_\_\_

\_\_\_\_\_

**I hereby claim total damages from Mason County in the amount of \$ \_\_\_\_\_.**

This Claim for Damages must be signed by the Claimant, by a person appointed as attorney-in-fact for the Claimant under a written power of attorney, by an attorney admitted to practice in the State of Washington on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

**I declare under penalty of perjury under the laws of Washington that the information submitted in this Claim for Damages is true and correct.**

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Place Signed

Risk Pool \_\_\_\_\_  
Prosecutor \_\_\_\_\_  
Department \_\_\_\_\_