

# Claim for Damages Pierce County

Risk Management Division, Ph: 253-798-7462

This box is For Official Use Only

**Notice:** No damages can be paid by Pierce County unless a claim complying with Washington State Law is presented to Pierce County Risk Management. After filing a claim, please direct all questions to Risk Management at (253) 798-7462 (Office Hours 8:00am - 4:30pm). **Pursuant to RCW 42.56 any documents submitted with this claim form are public records subject to disclosure.**

**Instructions:** (1) Complete this form giving specific details about your damage or loss. **Include dates, times, witnesses and supporting documents** (attach additional pages as necessary). (2) Sign the form. (3) Return completed form with signature to **Pierce County Risk Management, 955 Tacoma Avenue S., Suite 303, Tacoma, WA 98402 or PCRISKMGMT@piercecounitywa.gov. (RCW 4.96.020)** **Explanation of claims process:** After this Claim for Damages is received by Risk Management, a claim number and an Investigator will be assigned. The Investigator will conduct an investigation and contact you if further information is needed.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First Middle Last (or business name)

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
(Home or Business)

**Business Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Message/Cell Phone:** \_\_\_\_\_

**Address at time loss/ incident occurred:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
(Home or Business)

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ **Amount Claimed: \$** \_\_\_\_\_

**Location of Loss/Incident:** \_\_\_\_\_

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

**Pierce County's Involvement (if possible, please identify employee, department and/or vehicle involved):**

**Witnesses (please provide addresses and phone numbers):**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

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

**Make/Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

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

Are you currently receiving medical treatment? Yes No Are you currently on Medicare/Medicaid? Yes No

Describe your injury (Identify your doctor(s)/healthcare provider(s)):

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

\_\_\_\_\_  
Signature of Claimant or Authorized Agent (RCW 4.96.020 (3)) Date