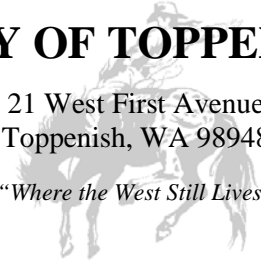


CITY OF TOPPENISH

21 West First Avenue
Toppenish, WA 98948

"Where the West Still Lives"



CLAIMS FOR DAMAGES FORM INFORMATION AND INSTRUCTIONS

- Before filling a Claim, please read these instructions and complete the form in its entirety.
- Type or print clearly in ink and sign the Claim Form.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
- The following are examples on how to complete the Claim Form:
 1. Smith, Karen Michelle
 2. 1234 E. Grand Street, Apt. 12, Toppenish WA 98948
 3. PO Box 15993, Toppenish WA 98948
 4. 509/865-1000
 5. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.
 6. August 9, 2004 8:15 a.m.; If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in Item 6.
 7. Include the address where the incident occurred.
 8. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why. Also describe the injury or damage that occurred.
 9. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers.
 10. Please provide all of your medical providers including their names, addresses, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and detailed bills.
 11. Please provide the information if you have submitted a claim for damages to your insurance company.
- Complete the ***Additional Information required for Automobile Claims Only*** portion of the Claim Form only if the incident involved automobile damages.

Upon completing the Claim for Damages form, please return it to:

City of Toppenish
Attn: City Clerk
21 West First Avenue
Toppenish, WA 98948

You will subsequently be contacted by our insurance carrier – usually within ten days.

Washington Cities Insurance Authority
P.O. Box 88030
Tukwila, WA 98138

Telephone: (206) 575-6046
FAX: (206) 575-7426



City of Toppenish Claim For Damages Form

Date Claim Form
Received by Member

1. Claimant Name (s):	
2. Street Address:	
3. Mailing Address:	
4. Home Phone:	Work Phone:

5. Please take note that the above-named party is claiming damages against the City of Toppenish in the sum of \$_____ arising out of the circumstances described below.

6. Date of Incident: _____ **Time of Incident:** _____

7. Location of Incident: _____

DESCRIPTION:

8. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage

9. Provide a list of witnesses to the incident.

Name	Address	Phone Number

10. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

11. Have you submitted a claim for damages to your insurance company? ___ Yes ___ No
 If so, please provide the name of the insurance company: _____
 and the policy #: _____

**** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY ****

License Plate # _____	Driver License # _____
Type Auto: _____	_____
(year) (make) (model)	
DRIVER: _____	OWNER: _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
Passengers:	
Name: _____	Name: _____
Address: _____	Address: _____

*** * NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED * ***

I, _____, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

X _____

X _____

Signature of Claimant(s)

State of Washington
County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Signature

Title
My appointment expires _____