



# CLAIM FOR DAMAGES

Review Instructions Prior to Completing this Form  
PLEASE TYPE OR PRINT IN INK

FOR OFFICE USE ONLY

CLAIM #

Pursuant to Chapter 4.96 RCW, this form is for filing tort claims for damages against Thurston County. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. You must submit a claim against Thurston County using this form or the "Standard Tort Claim" form available from Washington State Department of Enterprise Services (DES) available on-line at <http://www.des.wa.gov/sites/default/files/public/documents/RiskManagement/allforms.pdf>. Claims cannot be submitted electronically (via e-mail or fax).

The signed original Claim for Damages against Thurston County must be presented in person or mailed to the Thurston County Risk Manager. The Risk Manager is located in the Human Resources Office.

**MAILING ADDRESS:**

Thurston County Human Resources  
Risk Management Division  
2000 Lakeridge Drive SW  
Olympia, WA 98502

**OFFICE LOCATION:**

Thurston County Human Resources  
Risk Management Division  
929 Lakeridge Drive SW, Room 202  
Olympia, WA 98502

OFFICE BUSINESS HOURS: Monday – Friday 8:00 a.m. – 4:00 p.m. CLOSED ON WEEKENDS AND HOLIDAYS  
OFFICE TELEPHONE NUMBER: (360) 786-5498

1) NAME OF CLAIMANT: \_\_\_\_\_ 2) BIRTH DATE: \_\_\_\_\_  
*Last Name First Middle*

3) CURRENT RESIDENTIAL ADDRESS: \_\_\_\_\_  
*Street Apt # City State Zip*

4) CURRENT MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_  
*Street Apt # City State Zip*

5) RESIDENTIAL ADDRESS AT TIME OF INCIDENT (If different from current address): \_\_\_\_\_  
*Street Apt # City State Zip*

6) TELEPHONE/EMAIL: \_\_\_\_\_  
(include Area Code)  
*Home Work Cell Email*

7) DATE OF INCIDENT: \_\_\_\_\_ 8) TIME OF INCIDENT: \_\_\_\_\_  
*(mm/dd/yyyy) [ ] am [ ] pm*

9) IF THE INCIDENT OCCURRED OVER A PERIOD OF TIME, DATE OF FIRST AND LAST OCCURRENCES:  
FROM DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
TO DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
*[ ] am [ ] pm [ ] am [ ] pm*

10) LOCATION OF INCIDENT: \_\_\_\_\_  
*(Building, Office, Address, City, State, Zip - If applicable)*

11) LOCATION IF THE INCIDENT OCCURRED ON A STREET OR HIGHWAY: \_\_\_\_\_ If your vehicle is involved:

Year:	_____
Make:	_____
Model:	_____
Color:	_____
License #:	_____
Odometer:	_____
Registered Owner:	_____

\_\_\_\_\_  
*Name of street or highway, milepost number*

\_\_\_\_\_  
*At the intersection with/or nearest cross street*

12) THURSTON COUNTY OFFICE OR DEPARTMENT ALLEGED RESPONSIBLE FOR DAMAGE OR INJURY:

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13) NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL COUNTY EMPLOYEES HAVING KNOWLEDGE ABOUT THIS INCIDENT:

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14) NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESSES TO THIS INCIDENT AND A DESCRIPTION OF THE NATURE OF THEIR KNOWLEDGE OR INVOLVEMENT.

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15) NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL INDIVIDUALS NOT ALREADY IDENTIFIED IN (13) AND (14) ABOVE WHO HAVE KNOWLEDGE REGARDING THIS INCIDENT OR THE CLAIMANT'S DAMAGES. PLEASE INCLUDE A BRIEF DESCRIPTION OF EACH PERSON'S KNOWLEDGE.

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16) DESCRIBE THE CAUSE OF THE INJURY OR DAMAGE. EXPLAIN THE EXTENT OF THE PROPERTY LOSS OR MEDICAL, PHYSICAL OR MENTAL INJURIES. ATTACH DOCUMENTS SUPPORTING YOUR CLAIM, INCLUDING PHOTOGRAPHS, LAW ENFORCEMENT REPORTS, WITNESS STATEMENTS, INVOICES, ESTIMATES AND ANY OTHER AVAILABLE EVIDENCE.

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17) NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TREATING MEDICAL PROVIDERS. ATTACH COPIES OF YOUR MEDICAL RECORDS AND BILLS.

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18) LIST IDENTITY AND CONTACT INFORMATION FOR ALL INSURERS TO WHICH THE CLAIMANT IS ELIGIBLE TO MAKE A CLAIM.

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19) I CLAIM MONETARY DAMAGES FROM THURSTON COUNTY DESCRIBED BELOW:

	Value (Cost)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
I hereby make claim against Thurston County for the damages stated in the amount of: (Total)	\$ _____

THIS CLAIM FORM MUST BE SIGNED EITHER BY: THE CLAIMANT; BY THE ATTORNEY IN FACT FOR THE CLAIMANT PURSUANT TO A WRITTEN POWER OF ATTORNEY; BY AN ATTORNEY ADMITTED TO PRACTICE IN WASHINGTON STATE 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 THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

20) CLAIMANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_  
(mm/dd/yyyy) (City/State)

21) IDENTITY OF SIGNATURE ABOVE AND/OR RELATIONSHIP TO CLAIMANT: \_\_\_\_\_