



CLAIM FOR DAMAGES

INFORMATION AND INSTRUCTIONS FOR COMPLETING

City of Battle Ground Risk Manager
360-342-5008

Monday – Friday
8:00 am – 5 pm
(excluding holidays)

Form 2012 Instructions

Please read carefully all of the information in this packet before completing and submitting your claim.

In order to verify the claim and additional supporting documentation, the law requires that the claim form be signed by:

- Claimant; or
- Person holding a written power of attorney from the claimant; or
- Attorney in fact for the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant's behalf; or
- A court-appointed guardian or guardian ad litem on behalf of the Claimant

Type or print clearly in ink, be specific with details, and complete all sections of the form as appropriate

Provide all requested information and any available documents or evidence supporting your claim; such as a vehicle accident report, 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 attach additional pages as necessary so that the claim can be easily read and understood.

State law requires an original signature on the form, therefore, claims may not be submitted electronically (i.e., fax or email). While not required by law, we ask that the form be notarized.

The length of the Claim for Damages investigation varies greatly depending on the complexity of the issues and the availability of evidence to support the claim. All relevant information and any available documents or evidence such as vehicle accident reports, medical records or bills for personal injuries, photographs, proof of ownership and receipts may be necessary for support of your claim.

If you are claiming damages to an automobile, please complete the information regarding the vehicle owner and the driver at the time of the accident. Please submit a copy of the accident report if a report was filed with law enforcement. If the accident was not reported to law enforcement, complete the attached vehicle collision form.

If a claim has also been submitted to your insurance carrier, please provide the contact information including agents name, policy number, and phone number.

List all witnesses having knowledge of the incident in question along with their names, addresses and phone numbers.

DO NOT staple, bind or tape documents.

Claims must be presented in person or mailed to :

City of Battle Ground
Risk Management
109 SW 1st Street, Suite 221
Battle Ground, WA 98604
Monday through Friday, 8:00 am to 5:00 pm, except holidays



CLAIM FOR DAMAGES

Claims must be presented to: City of Battle Ground Risk Manager
109 SW 1st St., Suite 221
Battle Ground, WA 98604

Date Received:

Received by:

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the City of Battle Ground, Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Please print legibly and attach documents relating to expenses, injuries losses and/or repairs.

CLAIMANT INFORMATION

Form 2012 Pg 1 of 2

LAST NAME: _____ FIRST NAME: _____ MIDDLE I: _____

DATE OF BIRTH: _____

CURRENT RESIDENTIAL ADDRESS: _____ CITY _____ STATE ____ ZIP _____

ADDRESS AT TIME OF CLAIM OCCURRENCE: _____

CURRENT MAILING ADDRESS: _____ CITY _____ STATE ____ ZIP _____

DAYTIME PHONE NO.: _____ WORK HOME (CHECK ONE)

CELL PHONE NO.: _____ EMAIL ADDRESS: _____

DESCRIPTION OF INCIDENT

INCIDENT DATE: _____ TIME : _____ AM PM

IF INCIDENT OCCURRED OVER A PERIOD OF TIME, LIST DATE OF FIRST AND LAST OCCURRENCE:

START DATE: _____ END DATE: _____

INCIDENT LOCATION: _____

DESCRIBE THE CAUSE OF INJURY OR DAMAGES AND EXPLAIN THE EXTENT OF INJURIES OR PROPERTY LOSS:
(attach additional sheets if necessary)

NAME, ADDRESS & PHONE NO. OF ANY WITNESSES: _____

A CLAIM BEEN SUBMITTED TO PERSONAL INSURANCE COMPANY? YES NO

PROVIDE NAME OF INSURANCE CARRIER, AGENT NAME, ADDRESS, POLICY NUMBER AND PHONE NUMBER:

INSURANCE CARRIER: _____ AGENT NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

POLICY NUMBER: _____ CLAIM NUMBER: _____

ASSISTANCE PROVIDED

NAMES OF CITY EMPLOYEES HAVING KNOWLEDGE OF THE INCIDENT: _____

HAS THIS INCIDENT BEEN REPORTED TO LAW ENFORCEMENT? YES NO

IF YES, WHAT AGENCY AND OFFICER (IF KNOWN): _____

PROVIDE NAMES, ADDRESSES AND PHONE NUMBERS OF TREATING MEDICAL PROVIDERS, ASSISTANCE PROVIDED AND ATTACH COPIES OF MEDICAL REPORTS AND INVOICES:

ADDITIONAL INFORMATION FOR AUTOMOBILE CLAIMS ONLY

MAKE: _____ MODEL: _____ YEAR: _____

DRIVER NAME: _____

DRIVER LICENSE NO.: _____ LICENSE PLATE NO.: _____

OWNER NAME (IF DIFFERENT FROM DRIVER): _____

PASSENGER(S) NAME, ADDRESS & PHONE NUMBER:

CLAIM AMOUNT

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FOREGOING IS TRUE AND CORRECT. THIS CLAIM FORM MUST BE SIGNED BY THE CLAIMANT, A PERSON HOLDING A WRITTEN POWER OF ATTORNEY FROM THE CLAIMANT, BY AN ATTORNEY ADMITTED TO PRACTICE IN WASHINGTON STATE ON THE CLAIMANT'S BEHALF OR BY A COURT APPOINTED APPROVED GUARDIAN OR GUARDIAN AD LITEM ON BEHALF OF THE CLAIMANT.

I CLAIM DAMAGES FROM THE CITY OF BATTLE GROUND IN THE AMOUNT OF \$ _____

SIGNATURE

DATED: _____

NOTARY

STATE OF WASHINGTON

COUNTY OF _____

I CERTIFY THAT I KNOW OR HAVE SATISFACTORY EVIDENCE THAT _____

IS THE PERSON WHO APPEARED BEFORE ME AND THAT _____ SIGNED THE SAME AS _____

VOLUNTARY ACT FOR THE PURPOSES MENTIONED IN THE INSTRUMENT.

Notary for the State of _____

Appointment Expires _____

VEHICLE COLLISION FORM

Please submit a copy of the accident report if a report was filed with law enforcement.
If the accident was not reported to law enforcement, complete this Vehicle Collision Form.

Form 2012 (attachment) Pg 1 of 2

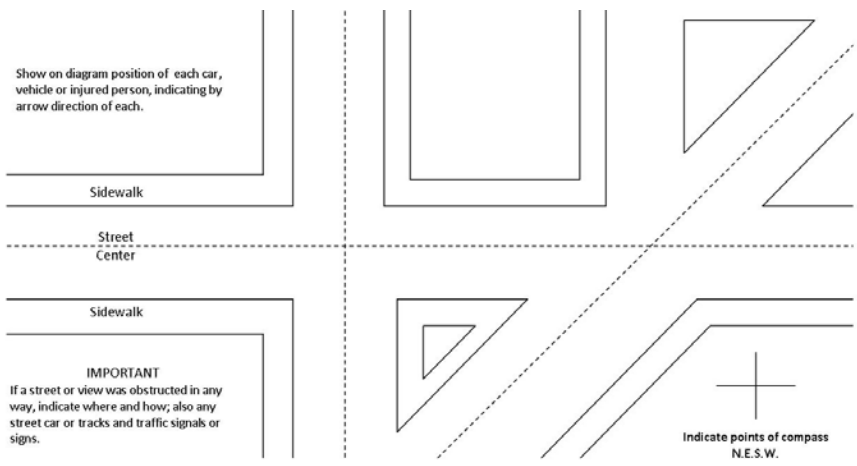
CLAIMANT AND INCIDENT INFORMATION	CLAIMANT'S NAME (A SEPARATE FROM MUST BE COMPLETED BY EACH CLAIMANT)				DATE OF ACCIDENT (mm/dd/yyyy)		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM			
	CURRENT STREET (RESIDENCE) ADDRESS			CITY	STATE	ZIP	PHONE: HOME WORK			
	(RESIDENCE) STREET ADDRESS FOR 6 MONTHS PRIOR TO THE ACCIDENT			CITY	STATE	ZIP	EMAIL			
	STATE/COUNTY/CITY (IF APPLICABLE) WHERE OCCURRED		STREET OR HWY	MILE POST NO.	INTERSECTION OR NEAREST STREET/ROAD					
YOUR VEHICLE INFORMATION (VEHICLE #1)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	WHERE CAN CAR BE SEEN?		WHEN?			
	NAME OF VEHICLE OWNER			ADDRESS	CITY	HOME AND WORK PHONE				
	NAME OF DRIVER			ADDRESS	CITY	HOME AND WORK PHONE				
	DRIVER'S LICENSE NO.			STATE OF ISSUANCE	DATE OF EXPIRATION					
	DESCRIBE DAMAGE				ESTIMATE \$	YOUR INSURANCE COMPANY AND POLICY NO.				
OTHER VEHICLE INFORMATION (VEHICLE #2)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE AGENCY, IF KNOWN					
	NAME OF OWNER			ADDRESS	CITY	PHONE				
	NAME OF DRIVER			ADDRESS	CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
OTHER NON-VEHICLE DAMAGE	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.									
	NAME OF OWNER			ADDRESS	CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
INJURED PARTIES	NAME	ADDRESS	PHONE	INJURY	AGE	VEH 1	VEH 2	VEH 3	PED	OTH
WITNESSES	NAME (ATTACH ADDITIONAL SHEETS IF NECESSARY)			ADDRESS	CITY	PHONE				

VEHICLE COLLISION FORM

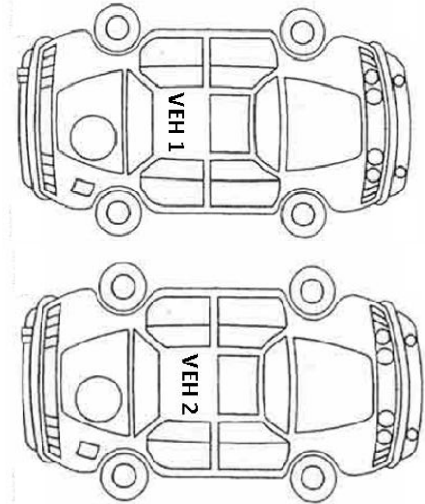
Form 2012 (attachment) Pg 2 of 2

Describe conduct and circumstances causing injury or damages and explain the extent of medical, physical or mental injuries. Please identify name, address and telephone number of treating physicians and other medical providers. Please attach property damage estimates and/or all medical bills in support of your claim. If necessary attach additional pages containing information in the format.

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Straight Road | <input type="checkbox"/> Hillcrest | <input type="checkbox"/> One Lane |
| <input type="checkbox"/> Curve - R or L | <input type="checkbox"/> Uphill | <input type="checkbox"/> One and One-Half Lane |
| <input type="checkbox"/> Level | <input type="checkbox"/> Downhill | <input type="checkbox"/> Two Lane or Four Lane |



MARK DAMAGED AREAS



LIGHT CONDITIONS	TRAFFIC CONTROL	TYPE OF ROAD (CHECK ONE OR MORE)	VEHICLE CONDITION (CHECK ONE OR MORE)	ROAD SURFACE (CHECK ONE)	WEATHER (CHECK ONE)								
<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARK STREET LIGHTS ON <input type="checkbox"/> DARK STREET LIGHTS OFF <input type="checkbox"/> DARK NO STREET LIGHT <input type="checkbox"/> OTHER (SPECIFY)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Vehicle 1 <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... </td> <td style="width: 50%;"> Vehicle 2 <input type="checkbox"/> SIGNALS <input type="checkbox"/> STOP SIGN <input type="checkbox"/> FLASHING RED <input type="checkbox"/> FLASHING AMBER <input type="checkbox"/> RR SIGNAL <input type="checkbox"/> OFFICER/FLAGMAN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> NO TRAFFIC CONTROL <input type="checkbox"/> OTHER </td> </tr> </table>	Vehicle 1 <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ...	Vehicle 2 <input type="checkbox"/> SIGNALS <input type="checkbox"/> STOP SIGN <input type="checkbox"/> FLASHING RED <input type="checkbox"/> FLASHING AMBER <input type="checkbox"/> RR SIGNAL <input type="checkbox"/> OFFICER/FLAGMAN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> NO TRAFFIC CONTROL <input type="checkbox"/> OTHER	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Vehicle 1 <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... </td> <td style="width: 50%;"> Vehicle 2 <input type="checkbox"/> ONE WAY <input type="checkbox"/> TWO WAY <input type="checkbox"/> REVERSIBLE ROAD <input type="checkbox"/> INTERCHANGE LOOP RAMP <input type="checkbox"/> ALLEY <input type="checkbox"/> TWO WAY LEFT TURN LANES <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED </td> </tr> </table>	Vehicle 1 <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ...	Vehicle 2 <input type="checkbox"/> ONE WAY <input type="checkbox"/> TWO WAY <input type="checkbox"/> REVERSIBLE ROAD <input type="checkbox"/> INTERCHANGE LOOP RAMP <input type="checkbox"/> ALLEY <input type="checkbox"/> TWO WAY LEFT TURN LANES <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Vehicle 1 <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... </td> <td style="width: 50%;"> Vehicle 2 <input type="checkbox"/> DEFECTIVE BRAKES <input type="checkbox"/> DEFECTIVE HEADLIGHTS <input type="checkbox"/> DEFECTIVE REAR LIGHTS <input type="checkbox"/> TIRES WORN <input type="checkbox"/> PUNCTURED OR BLOWN TIRES <input type="checkbox"/> OTHER </td> </tr> </table>	Vehicle 1 <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ...	Vehicle 2 <input type="checkbox"/> DEFECTIVE BRAKES <input type="checkbox"/> DEFECTIVE HEADLIGHTS <input type="checkbox"/> DEFECTIVE REAR LIGHTS <input type="checkbox"/> TIRES WORN <input type="checkbox"/> PUNCTURED OR BLOWN TIRES <input type="checkbox"/> OTHER	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Vehicle 1 <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... </td> <td style="width: 50%;"> Vehicle 2 <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW <input type="checkbox"/> ICE <input type="checkbox"/> OTHER (SPECIFY) </td> </tr> </table>	Vehicle 1 <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ...	Vehicle 2 <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW <input type="checkbox"/> ICE <input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> CLEAR, CLOUDY & OVERCAST <input type="checkbox"/> RAINING <input type="checkbox"/> SNOWING <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (SPECIFY)
Vehicle 1 <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ... <input type="checkbox"/> ...	Vehicle 2 <input type="checkbox"/> SIGNALS <input type="checkbox"/> STOP SIGN <input type="checkbox"/> FLASHING RED <input type="checkbox"/> FLASHING AMBER <input type="checkbox"/> RR SIGNAL <input type="checkbox"/> OFFICER/FLAGMAN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> NO TRAFFIC CONTROL <input type="checkbox"/> OTHER												
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				NAME OF INVESTIGATING POLICE AGENCY: _____ INVESTIGATING AGENCY REPORT NO.: _____									

A separate claim form should be submitted for each claimant.

This information is being provided to aid in resolving the claim.

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

Signature of Claimant

Date and Place (residential address, city and county)