



**13.** Names, addresses and telephone numbers of all City of Kent employees having knowledge about this incident:

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**14.** Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

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**15.** Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

**16.** Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

**17.** Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

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**18.** Please attach documents which support the claim's allegations.

**19.** I claim damages from the City of Kent in the sum of \$ \_\_\_\_\_

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the claimant, by the attorney in fact for the Claimant, 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.

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

\_\_\_\_\_  
*Date and place (residential address, city and county)*

## INSTRUCTIONS FOR COMPLETING THE CITY OF KENT CLAIM FORM

### Before filing a claim, please read these instructions in their 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, 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 sheets so your claim can be easily read and understood.
- The following are **EXAMPLES** of how to complete the Claim form line by line:
  1. Smith, Karen Michelle 1/1/1960
  2. 1234 N. College Way, Apt. 24 Seattle, WA 98104
  3. P.O. Box 5678, Seattle, WA 98124
  4. Same
  5. (206) 123-4567
  6. smith@gmail.com
  7. 8:00 a.m., August 8, 2005
  8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and ending time in Item 8.
  9. 220 Fourth Ave. S. Kent, WA
  10. Willis St. at intersection with 4th Ave. S.
  11. City of Kent, WA
  12. Smith, Thomas Arthur, 1234 N. College Way, Apt. 24 Seattle, WA 98104 (206) 456-7890
  13. Unknown
  14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 12 and 13.
  15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, why and how.
  16. If you reported this incident to law enforcement, safety or security personnel, please provide a copy of the report or contact information for the person you spoke with.
  17. Please provide all your medical providers, including their name, address, telephone number and type of treatment. If you were treated for a personal injury, please include your medical records and bills.
  18. Attach other relevant documents.
  19. Please provide a dollar amount for your damages including your medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.