INSTRUCTIONS FOR COMPLETING THE
SPOKANE COUNTY LIABILITY FOR DAMAGES FORM

Before presenting a Spokane County Claim for Damages Form please read these instructions and the
Spokane County Claim for Damages Form in its entirety.

Type or print clearly in ink and sign the Spokane County Claim for Damages Form. The Spokane
County Claim for Damages Form must 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-approved guardian or guardian ad litem on behalf of the Claimant

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 understood.

The following are examples on how to complete the Claim for Damage form:

(1) Smith, John Conner

(2) 12/01/1910

(3) 222 One Way Street, Apt. Z, Spokane, Washington 99201

(4) Post Office Box 101, Spokane, Washington 99201

(5) Same as #3

(6) 555-555-5555

(7) 555-555-5555

(8) claimant1@comcast.net

(9) January 1, 2009

(10) 8:00 a.m.

(11) Start Date: October 31, 2009 8:00 p.m.  End Date: November 2, 2009 7:00 a.m.

(12) Washington, Spokane; Airway Heights: County maintained road.

(13) Craig Road northbound, near Deno Road

(14) Spokane County Roads Department

(15) Fitzgerald 111, Mortamer, 3287 Wonderful Lane, Spokane, Washington 99207, (509)111-1111;
    witnessed the incident.

(16) List address and telephone numbers of all Spokane County Departments
    and employees having knowledge about this incident.

(17) List all other witnesses having knowledge of the incident in question, with their names,
    addresses, and telephone numbers that are not listed within items (11) and (12). Also
    include a description of their knowledge. For example, if your sister was with you, when
    the alleged incident occurred, please include her name, address, and telephone number,
    and indicate she witnessed the incident.
(18) Please describe the incident that resulted in the injury, or damages, specifically answering the questions who, what, where, when and why.

(19) If you reported this incident to law enforcement, safety, or security personnel, answer Yes, and provide a copy of the report.

(20) What law enforcement/safety/security agency was the incident reported to?

(21) 12/01/2019

(22) Provide report number.

(23) If you are a Medicare beneficiary, answer Yes.

(24) Provide Medicare benefits number.

(25) List contact information for your medical provider.

(26) Attach any and all documents that support the claim.

(27) If you are presenting a personal injury claim, submit the Medical Release Form.

(28) If your claim involves vehicle accident, submit the Vehicle Collision Form.

(29) 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 damages.