

**SPOKANE COUNTY CLAIM FOR DAMAGES FORM**  
**General Liability Claim Form**

Pursuant to Chapter 4.96 RCW, this form is for presenting a claim for damages against Spokane County. Information requested on this form may be subject to public disclosure. This claim form must be presented with an original signature and cannot be submitted electronically (via e-mail or fax).

**PLEASE TYPE OR PRINT IN INK**

**Mail or Deliver**  
**Original claim to:** **Spokane County**  
**Department of Risk Management**  
**1033 W. Gardner**  
**Spokane, Washington 99260**

**CLAIMANT INFORMATION**

(1) Claimant's name: \_\_\_\_\_  
(Last Name) (First) (Middle) (Date of Birth: mm/dd/yyyy)

(2) Current residential address: \_\_\_\_\_  
City Zip Code

(3) Mailing address (if different): \_\_\_\_\_  
City Zip Code

(4) Residential address for *Six Months* prior to the date of the incident (if different from current address):  
\_\_\_\_\_

(5) Claimant's daytime phone numbers: \_\_\_\_\_  
Home Business Cell

(6) Claimant's e-mail address: \_\_\_\_\_

**INCIDENT INFORMATION**

(7) Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one)  
(mm/dd/yyyy)

(8) If the incident occurred over a period of time, date of first and last occurrences:  
From: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one)  
(mm/dd/yyyy)

To: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one)  
(mm/dd/yyyy)

(9) Location of incident: \_\_\_\_\_  
(state and county) (city if applicable) (place where occurred)

(10) If the incident occurred on a street or highway: \_\_\_\_\_  
(name of street/highway) (mile post) (at intersection with or nearest intersecting street)

(11) Spokane County Departments or employee(s) alleged responsible for damage/injury:

(12) Names, address, and telephone numbers of all persons involved in, or witness to, this incident:  
\_\_\_\_\_  
\_\_\_\_\_

(13) Names, address, and telephone numbers of all Spokane County departments or employee(s) having knowledge about this incident:  
\_\_\_\_\_  
\_\_\_\_\_

(14) Names, addresses, and telephone numbers of all individuals not already identified in (11) and (12) 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.  
\_\_\_\_\_  
\_\_\_\_\_

**(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.

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

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**(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 Spokane County in the sum of \$\_\_\_\_\_

**(20)** If you are injured, are you a Medicare beneficiary?  Yes  No (check one), if Yes, please provide Medicare # \_\_\_\_\_

**(21)** If your claim involves a motor vehicle accident, complete, sign and include the attached vehicle collision form.

**(22)** If you are presenting a personal injury claim, complete, sign and include the attached Medical Release form.

This claim form must be signed by either: the claimant, verifying the claim; pursuant to a personal written power of attorney, 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-appointed 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.

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Signature of Claimant

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Date & Place (residential address, city and county)