

INSTRUCTIONS FOR COMPLETING A CLAIM FOR DAMAGES FORM

- Be sure you are filing claim against the appropriate government body. Mason County does not process claims for any other government or private entity. If you have any questions about filling out this form, contact Mason County Risk Management at (360) 427-9670 ext. 643.
- Type or print clearly in ink and sign the Claim for Damages form.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records, bills, photographs, proof of ownership for property damages, receipts for property value, etc.
- Be as complete in your description of what happened as possible. Incomplete or inaccurate information will slow the processing of the claim. Attached additional pages to the claim form as necessary.
- Form instructions:
 - 1) **NAME:** List your current legal name and list any other names you have used in parentheses.
 - 2) **BIRTH DATE:** Required for identification purposes.
 - 3) **CURRENT RESIDENTIAL ADDRESS:** Provide the address where you currently reside.
 - 4) **CURRENT MAILING ADDRESS IF DIFFERENT:** List the address where you receive mail. Please contact Mason County Risk Management if your address changes so we can contact you.
 - 5) **RESIDENTIAL ADDRESS AT TIME OF INCIDENT:** Provide the address where you lived when the incident occurred.
 - 6) **TELEPHONE & EMAIL:** Provide phone numbers where you can be reached during the day and an email address if you would like to be contacted via email so the county investigator may contact you.
 - 7) **DATE OF INCIDENT:** Enter the date the loss, damage or injury occurred.
 - 8) **TIME OF INCIDENT:** Enter the time the incident causing the loss occurred.
 - 9) **FIRST and LAST OCCURRENCES:** If loss was sustained over a period of time, show the beginning and ending date of the event(s) causing the loss.
 - 10) **LOCATION OF INCIDENT:** Enter the full address and describe location of the incident as specifically as possible.
 - 11) **STREET OR HIGHWAY:** If on a road include road name, distance from milepost, intersection, etc. Attach a diagram if appropriate. Provide vehicle information when applicable.
 - 12) **COUNTY OFFICE OR DEPARTMENT.** List any Mason County office or department involved or with knowledge.
 - 13) **NAMES OF COUNTY EMPLOYEES HAVING KNOWLEDGE ABOUT THE INCIDENT.**
 - 14) **PERSONS INVOLVED AND ANY WITNESSES:** List the name, address, and phone number of each person involved and any witnesses to the incident, explain how they were involved, and describe their knowledge or involvement.
 - 15) **OTHERS PERSONS NOT ALREADY IDENTIFIED IN (13) AND (14) ABOVE:** Provide the names of all other persons with knowledge of the incident and include their addresses, telephone numbers and a description of their knowledge.
 - 16) **DESCRIBE THE CAUSE OF THE INJURY OR DAMAGE:** Provide a detailed description of the facts and circumstances that resulted in your loss or injury and why you believe Mason County is responsible. Describe the actual injury or damage. Attach additional sheets if necessary. Attach all available photographs, reports, witness statements, bills, estimates and other evidence supporting the claim.
 - 17) **MEDICAL PROVIDERS:** Provide the name, address and telephone number of medical providers who treated you and provide copies of the medical records and bills. Also sign and attach the Medical Release Form.
 - 18) **LIST IDENTITY AND CONTACT INFORMATION FOR ALL INSURERS TO WHICH THE CLAIMANT IS ELIGIBLE TO MAKE A CLAIM.** List any insurer from which payment has been received or to which you may make a claim regarding this loss.
 - 19) **MONETARY DAMAGES CLAIMED:** List your losses and show the dollar amount of the damages to the right. The total should be the full amount compensation you believe the County should pay. Attach estimates or invoices for the repair or replacement of property and medical bills related to any injuries.
 - 20) **SIGN and DATE** the claim and provide the city and state where you signed the claim.
 - 21) **IDENTITY OF SIGNATURE:** Print the name of the person signing the claim and their relationship to the claimant. Attach a copy of the power of attorney or court appointment, where applicable.

The length of time required to investigate a claim varies greatly depending on the complexity of the issues and the availability of documents and witnesses to support the claim. A claim may be resolved more quickly when all relevant information and documents are provided when the claim is submitted.