



CLAIM FOR DAMAGES

Review Instructions Prior to Completing this Form
PLEASE TYPE OR PRINT IN INK

FOR OFFICE USE ONLY

CLAIM #

Pursuant to Chapter 4.96 RCW, this form is for filing tort claims for damages against Mason County. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. You must submit a claim against Mason County using this form or the "Standard Tort Claim" form available from Washington State Department of Enterprise Services (DES) available on-line at <https://des.wa.gov/sites/default/files/public/documents/RiskManagement/tort%20claim%20form.pdf?0d48a>. **Claims cannot be submitted electronically (via e-mail or fax).**

The signed original Claim for Damages against Mason County must be submitted in person or mailed to the Mason County Risk Manager. The Risk Manager is located in the Human Resources Office, address below.

MAILING ADDRESS:

Mason County Human Resources
Risk Management Division
411 North 5th Street
Shelton, WA 98584

OFFICE LOCATION:

Mason County Human Resources
Risk Management Division
423 North 5th Street Building #9
Shelton, WA 98584

OFFICE BUSINESS HOURS: Monday – Friday 8:00 a.m. – 4:00 p.m. CLOSED ON WEEKENDS AND COUNTY HOLIDAYS

OFFICE TELEPHONE NUMBER: (360) 427-9670 EXT: 643

1) NAME OF CLAIMANT: _____ 2) BIRTH DATE: _____
Last Name First Middle

3) CURRENT RESIDENTIAL ADDRESS: _____
Street Apt # City State Zip

4) CURRENT MAILING ADDRESS IF DIFFERENT: _____
Street Apt # City State Zip

5) RESIDENTIAL ADDRESS AT TIME OF INCIDENT (If different from current address): _____
Street Apt # City State Zip

6) TELEPHONE/EMAIL: _____
(include Area Code)
Home Work Cell Email

7) DATE OF INCIDENT: _____ 8) TIME OF INCIDENT: _____
(mm/dd/yyyy) am pm

9) IF THE INCIDENT OCCURRED OVER A PERIOD OF TIME, DATE OF FIRST AND LAST OCCURRENCES:
FROM DATE: _____ TIME: _____
TO DATE: _____ TIME: _____
 am pm

10) LOCATION OF INCIDENT: _____
(Building, Office, Address, City, State, Zip - If applicable)

11) LOCATION IF THE INCIDENT OCCURRED ON A STREET OR HIGHWAY: _____
Name of street or highway, milepost number
_____ *At the intersection with/or nearest cross street*

Year:	_____
Make:	_____
Model:	_____
Color:	_____
License #:	_____
Odometer:	_____
Registered Owner:	_____

12) MASON COUNTY OFFICE OR DEPARTMENT ALLEGED RESPONSIBLE FOR DAMAGE OR INJURY:

13) NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL COUNTY EMPLOYEES HAVING KNOWLEDGE ABOUT THIS INCIDENT:

14) NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESSES TO THIS INCIDENT AND A DESCRIPTION OF THE NATURE OF THEIR KNOWLEDGE OR INVOLVEMENT.

15) NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL INDIVIDUALS NOT ALREADY IDENTIFIED IN (13) AND (14) ABOVE WHO HAVE KNOWLEDGE REGARDING THIS INCIDENT OR THE CLAIMANT'S DAMAGES. PLEASE INCLUDE A BRIEF DESCRIPTION OF EACH PERSON'S KNOWLEDGE.

16) DESCRIBE THE CAUSE OF THE INJURY OR DAMAGE. EXPLAIN THE EXTENT OF THE PROPERTY LOSS OR MEDICAL, PHYSICAL OR MENTAL INJURIES. ATTACH DOCUMENTS SUPPORTING YOUR CLAIM, INCLUDING PHOTOGRAPHS, LAW ENFORCEMENT REPORTS, WITNESS STATEMENTS, INVOICES, ESTIMATES AND ANY OTHER AVAILABLE EVIDENCE.

17) NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TREATING MEDICAL PROVIDERS. ATTACH COPIES OF YOUR MEDICAL RECORDS AND BILLS.

18) LIST IDENTITY AND CONTACT INFORMATION FOR ALL INSURERS TO WHICH THE CLAIMANT IS ELIGIBLE TO MAKE A CLAIM.

19) I CLAIM MONETARY DAMAGES FROM MASON COUNTY DESCRIBED BELOW:

Value (Cost)

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

I hereby make claim against Mason County for the damages stated in the amount of: (Total)

THIS CLAIM FORM MUST BE SIGNED EITHER BY: THE CLAIMANT; BY THE ATTORNEY IN FACT FOR THE CLAIMANT PURSUANT TO A WRITTEN POWER OF ATTORNEY; 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.

20) CLAIMANT SIGNATURE: _____ DATE: _____ PLACE _____
(mm/dd/yyyy) (City/State)

21) IDENTITY OF SIGNATURE ABOVE AND/OR RELATIONSHIP TO CLAIMANT: _____