

YAKIMA REGIONAL CLEAN AIR AGENCY

CLAIM FOR DAMAGES FORM

General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for presenting a claim for damages against Yakima Regional Clean Air Agency. 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 email or fax).

PLEASE TYPE OR PRINT IN INK

FOR OFFICE USE ONLY:

Mail or deliver original claim to:

Yakima Regional Clean Air Agency
Office of the Executive Director
186 Iron Horse Court, Ste. 101
Yakima, WA 98901

CLAIM NO: _____

DATE FILED: _____

COPIES TO: _____

Attachments: Yes (# _____) No _____

CLAIMANT INFORMATION:

(1) Claimant _____

(Last Name)

(First)

(Middle)

(2) Current residential address: _____

(3) Mailing address (if different) _____

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

(5) Claimant's daytime phone number _____
Home Work Cell

(6) Claimant's email address: _____

INCIDENT INFORMATION:

(7) Date of Incident: _____ Time: _____ a.m. _____ p.m.

(8) If the incident occurred over a period of time, date of first and last occurrences:

From: _____ Time _____ a.m. _____ p.m.

(9) Location of incident: _____
(Name of Street/highway) (Intersection or nearest intersecting street)

(10) Yakima Regional Clean Air Agency or employee(s) alleged responsible for damage/injury.

(11) Names, addresses, and telephone numbers of all persons involved in, or witness to, this incident.

(12) Names, addresses, and telephone numbers of all Yakima Regional Clean Air Agency or employees having knowledge about this incident. _____

(13) 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.

(14) 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.

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

(16) Names, addresses and telephone numbers of treating medical providers, if any. Attach copies of all medical reports and billings.

(17) Please attach all documents which support the allegations contained in your claim.

(18) I claim damages from Yakima Regional Clean Air Agency in the amount of \$ _____.

(19) If you are injured, are you a Medicare beneficiary? _____ Yes _____ No; if Yes, please provide Medicare # _____.

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

Signature of Claimant

Date