

**INSTRUCTIONS FOR COMPLETING THE
YAKIMA REGIONAL CLEAN AIR AGENCY
CLAIM FOR DAMAGE FORM**

Before presenting a Yakima Regional Clean Air Agency Claim for Damages Form please read these instructions and the Yakima Regional Clean Air Agency Claim for Damages Form in its entirety.

Type or print clearly in ink and sign the Yakima Regional Clean Air Agency Claim for Damages Form. The Yakima Regional Clean Air Agency 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) Doe, John

(2) 100 Main Street, Yakima, Washington 98901

(3) Post Office Box 000, Yakima, Washington 98907

(4) Same as #2

(5) Home: (509) 555-5555, Cell: (509) 888-2222

(6) jdoe@charter.com

(7) May 1, 2020, 5:00 p.m.

(8) From: June 1, 2020, 8:00 a.m.

To: June 2, 2020, 5:00 p.m.

(9) Intersection of 1st Street and 1st Avenue, Yakima, WA

(10) Sue Smith

(11) Bob Frank, Frank Jones, Sally Stewart

(12) List address and telephone numbers of all Yakima Regional Clean Air Agency and employees having knowledge about this incident.

(13) 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.

(14) Please describe the incident that resulted in the injury, or damages, specifically answering the questions who, what, where, when and why.

(15) If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.

(16) Please provide a list of all your medical providers, including their names, address, telephone numbers, and the type of treatment. Please attach copies of all medical records and billings if you were treated for a personal injury under this claim.

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

(18) 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.

(19) If you were injured, please indicate if you are Medicare eligible and provide your Medicare number.

(20) If your claim involves vehicle accident, submit a Vehicle Collision Form.