



## INSTRUCTIONS FOR COMPLETING AND FILING A CLAIM FOR DAMAGES

Please carefully read all of the information in this packet before completing and submitting your Claim for Damages packet to the City of Lakewood.

### Instructions to Complete and Submit a Claim for Damages

1. Complete all relevant and required sections of the City of Lakewood Claim for Damages form, providing as much detail as possible. Asterisk sections are required and must be completed, as appropriate.
2. Complete the form in a legible manner. Please use ink or type your responses.
3. Attach all relevant supporting documentation, such as receipts, invoices, estimates, photos, diagrams, etc. Note: All documents provided are subject to the Washington State public disclosure statutes.
4. Sign and date the Claim for Damages form.
5. Make a copy of the entire packet for your records. Documents submitted to the City of Lakewood may not be returned.
6. You must file your claim with the City. Per RCW 4.96.020(2), hand deliver or mail your completed Claim for Damages packet (original documents) to:

**City of Lakewood**  
**Main Reception 1<sup>st</sup> Floor**  
**Attn: Risk Management/HR**  
**6000 Main Street SW**  
**Lakewood, WA 98499-5027**

Note: The City of Lakewood's main reception may accept delivery of the Claim for Damages packet on behalf of Risk Management/HR.

### What Happens After the Claim is Filed?

Once a claim is filed with the City, it is submitted to Washington Cities Insurance Authority (WCIA). WCIA will assign an adjuster to the claim to conduct an investigation and determine a reasonable response. One of the following responses will be provided.

- Accept/settle the claim.
- Tender the claim (transfer it to another party).
- Deny the claim (where there is no evidence of negligence by the City).

For more information, please contact the City's Risk Management Coordinator at (253) 983-7849.



## CLAIM FOR DAMAGES FORM

Chapter 4.96 of the Revised Code of Washington (RCW) provides this process to present a claim for damages against a local governmental entity.

Date Stamp Received by  
City of Lakewood

**\*Information must be completed, if applicable.**

### Claimant Information

\*Claimant Name: \_\_\_\_\_

\*Claimant Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

\*Current Residential Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Mailing Address:  Same as Current Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Address at Date of Incident:  Same as Current Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Home Phone: \_\_\_\_\_  
\*Work Phone: \_\_\_\_\_  
\*Cell Phone: \_\_\_\_\_  
\*Email Address: \_\_\_\_\_

### Incident Information

\*Date of Incident: \_\_\_\_\_ (mm/dd/yyyy)

\*Time of Incident: \_\_\_\_\_  a.m.  p.m.

If incident occurred over a period of time, indicate date of first and last occurrences:

From: \_\_\_\_\_ (mm/dd/yyyy)

Time: \_\_\_\_\_  a.m.  p.m.

To: \_\_\_\_\_ (mm/dd/yyyy)

Time: \_\_\_\_\_  a.m.  p.m.

\*Location of Incident: \_\_\_\_\_  
*(Please be specific – if incident occurred on a City road, indicate exact area, address, or nearest cross streets)*

\*Description of Incident: *(Attach an additional sheet, if necessary)*  Additional Sheet Attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Damaged:

*Type of Property Damaged	License Plate #	Year	Make	Model	*Describe Damage

Personal Injury:

*Describe Personal Injury	Name of Health Care Provider	Address of Health Care Provider	Phone Number of Health Care Provider

