



CITY OF BLAINE
 435 MARTIN ST., STE 3000, BLAINE, WA 98230
 PH (360) 332-8311 FAX (360) 332-8330

CLAIM OF INCIDENTS/DAMAGES

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ HOME PHONE _____ WORK PHONE _____ MESSAGE PHONE _____

DATE OF INCIDENT _____ LOCATION OF INCIDENT _____

LIST NAMES AND ADDRESSES OF ALL PERSONS INVOLVED:

NAME _____ ADDRESS _____ HOME PHONE _____

NAME _____ ADDRESS _____ HOME PHONE _____

NAME _____ ADDRESS _____ HOME PHONE _____

NAME _____ ADDRESS _____ HOME PHONE _____

NAME _____ ADDRESS _____ HOME PHONE _____

DESCRIBE IN DETAIL THE DEFECT THAT CAUSED THE INJURY OR DAMAGE: _____

DESCRIBE IN DETAIL HOW THE ACCIDENT OCCURRED: _____

WAS THE CLAIM INVESTIGATED BY A POLICE OFFICER: YES NO

IF YES, THEN INDICATE BY WHO: SHERIFF STATE PATROL CITY POLICE _____
 NAME OF CITY

DESCRIBE WHAT YOU DID AFTER THE ACCIDENT OCCURRED: _____

DESCRIBE THE CONVERSATIONS YOU HAD, IF ANY, WITH CITY PERSONNEL DURING OR AFTER THE INCIDENT OCCURRED:

DESCRIBE THE DAMAGES OR INJURIES WITH YOU SUSTAINED AS A RESULT OF THE INCIDENT:

WHAT IS THE AMOUNT OF DAMAGES CLAIMED? (ATTACH ESTIMATES AND BILLS IF AVAILABLE)

HOW DID YOU IDENTIFY THE CITY AS THE PARTY RESPONSIBLE FOR YOUR DAMAGE?

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF ALL WITNESSES TO THE INCIDENT:

NAME	ADDRESS	HOME PHONE
_____ NAME	_____ ADDRESS	_____ HOME PHONE
_____ NAME	_____ ADDRESS	_____ HOME PHONE
_____ NAME	_____ ADDRESS	_____ HOME PHONE
_____ NAME	_____ ADDRESS	_____ HOME PHONE

ARE YOU COVERED BY INSURANCE? YES NO IF YES, WHO IS YOUR INSURANCE AGENT OR CARRIER?

SIGNATURE

DATE

THIS NOTICE DOES NOT CONSTITUTE NOTICE OF CLAIM FOR THE PURPOSE OF RCW 35A.31. THE SOLE PURPOSE FOR THIS DOCUMENT IS TO PROVIDE NOTIFICATION TO THE CITY'S INSURANCE CARRIER.