

12. 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.

13. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY

License Plate #: _____	Driver License #: _____
Type of Auto: (year) _____ (make) _____ (model) _____	
Driver: _____	Owner: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Passengers:	
Name: _____	Name: _____
Address: _____	Address: _____

14. Names, addresses and telephone numbers of treating medical providers. Attach additional sheet if necessary. Attach copies of all medical reports and billings.

15. Please attach any additional documents which support the claim's allegations.

16. I claim damages from the city of Aberdeen in the sum of \$ _____.

The Claimant must sign this form unless he or she is incapacitated, a minor, or a nonresident of the state, in which case it may be signed on behalf of the Claimant by any relative, attorney, or agent representing 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 and place (residential address, city and county)