



CLAIM FOR DAMAGES

Pursuant to *Chapter 4.96 RCW*, this form is for filing a claim for damages against the Timberland Regional Library

Mail or email claim to: Timberland Regional Library
Executive Director
415 Tumwater Blvd.SW
Tumwater, WA 98501
Librarydirector@trl.org

CLAIMANT INFORMATION

- 1. Claimant's name: _____
Last name First Middle Date of birth (mm/dd/yyyy)
- 2. Current residential address: _____
- 3. Mailing address (if different): _____
- 4. Residential address at the time of the incident (if different from current address):

- 5. Claimant's daytime telephone number: _____
Home Business
- 6. Claimant's e-mail address: _____

INCIDENT INFORMATION

- 7. Date of the incident: _____ Time: _____ a.m. p.m.
(mm/dd/yyyy)
- 8. If the incident occurred over a period of time, date of first and last occurrences:
From Time: _____ a.m. p.m. to Time: _____ a.m. p.m p.m. _____
(mm/dd/yyyy) (mm/dd/yyyy)
- 9. Location of incident: _____
State and county City, if applicable Place where occurred
- 10. If the incident occurred on a street or highway:

Name of street or highway Milepost number At the intersection with or nearest
Intersecting street
- 11. Name of library district employee alleged responsible for damage/injury (if known):

- 12. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

- 13. Names, addresses and telephone number of all library district employees having knowledge about this incident:

14. Names, addresses and telephone number of all individuals not already identified in #12 and #13 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.

15. 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.

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

17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

18. Please attach documents which support the claim's allegations.

19. I claim damages from the Timberland Regional Library in the sum of \$_____.

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, 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-approved 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 and place (residential address, city and county)