



CLAIM FOR DAMAGES FORM  
Date Received:

**Claimant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

I am claiming damages in the amount of: \$ \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Incident Information**

Date of Occurrence: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

**DESCRIPTION:**

Describe the cause and extent of the claimed injury or damage:

(attach an extra sheet for additional information, if needed)

*Attach copies of all documentation relating to expenses, injuries, losses, estimates for repair, and/or pictures.*

**Witness Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information**

Have you submitted a claim for damages to your insurance company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the name of the insurance company: \_\_\_\_\_

and the policy #: \_\_\_\_\_ and the claim #: \_\_\_\_\_

Police Report #: \_\_\_\_\_ Police Officer Name: \_\_\_\_\_

**\*\* ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY \*\***

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate # \_\_\_\_\_

**DRIVER:** \_\_\_\_\_

**REGISTERED OWNER:** \_\_\_\_\_

(if different than Driver)

Driver License # \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Phone#: \_\_\_\_\_

**Passengers:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct. This claim form must be signed by the Claimant, a person holding a written power of attorney from 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.

Signature of Claimant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Submit Completed Claim Forms to:

Parks Tacoma Attn: Risk & Safety  
4702 S 19<sup>th</sup> St Tacoma WA 98405  
or by email to: [risk&safety@tacomaparks.com](mailto:risk&safety@tacomaparks.com)  
or by fax to: 253-761-8032