



Hello,

Here are quick guidelines for completing the City of Oak Harbor's Claim for Damages form. If you need more room than the form allows, we welcome extra sheets and attachments. The more information you can provide, the better our insurance pool can respond to your claim.

**Be sure to complete the dollar amount for the damages.**

- Include your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.

**We know that a description of what happened can require additional sheets.**

- Again, don't hesitate to attach them.

**We will need copies of supporting information as attachments to the form.**

- Medical records or bills for personal injuries
- Photographs
- Proof of ownership for property damages
- Receipts for property value
- Estimates for repair

**If a police report was taken, provide a copy of the report or the officer's name who prepared the report.**

**The form must be signed and notarized.**

- City Hall has several staff members who are licensed Notary Publics and will provide this service at no charge.
- Your bank may also provide this service at no charge.

If you have questions concerning the Claim for Damages form, please feel free to call or email us.

Marianne Ledgerwood, Risk Management (360)279-4543 [mledgerwood@oakharbor.org](mailto:mledgerwood@oakharbor.org)  
City Clerk (360)279-4539

*- This document may be considered a record subject to public review -*

## City of Oak Harbor Claim for Damages Form

**Instructions:** (1) Complete the form giving specific details about your damage or loss. Include dates, times, and witnesses. (2) Sign and have the form notarized. (3) Return the completed form to the Office of the City Clerk, Oak Harbor City Hall, 865 SE Barrington Drive, Oak Harbor, WA 98277. Regular Business Hours are Monday – Friday, 8:00 a.m. – 5:00 p.m.

Date Received By City
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<b>Claimant Name(s):</b>	<b>Date of Birth:</b>	
<b>Current Residential Address:</b>		
<b>Mailing Address (if different):</b>		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Residential address at the time of the incident (if different from current address):</b>		
<b>Claimant's email address:</b>		

Please take note that the above-named party is claiming damages against \_\_\_\_\_ in the sum of \$ \_\_\_\_\_ arising out of the circumstances described below.

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

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

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Name of all of our employees having knowledge of this incident:** \_\_\_\_\_

**DESCRIPTION:**

1. Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries.

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

2. Provide a list of witnesses to the incident (all persons involved in or witness to this incident).

Name	Address	Phone

3. Names, addresses and telephone numbers of all individuals not already identified above that have knowledge regarding the 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.

Name	Address	Phone	Brief Description

4. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.
5. Has this incident been reported to law enforcement?  Yes  No  
If yes, which agency and name of officer (if known)? \_\_\_\_\_
6. Have you submitted a claim for damages to your insurance company?  Yes  No  
If so, please provide the name of the insurance company, phone number and claim number: \_\_\_\_\_ and the policy #: \_\_\_\_\_
7. Names, addresses and telephone numbers of treating medical providers. Please attach billings and records if available.

Name	Address	Phone

8. Please attach any other documentation that you believe support your claim's allegations.

<b>** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY **</b>			
License Plate # _____	Driver License # _____		
Type Auto: _____	_____	_____	_____
(year)	(make)	(model)	
<b>DRIVER:</b>		<b>OWNER:</b>	
Address: _____		Address: _____	
Phone#: _____		Phone#: _____	
<b>Passengers:</b>			
Name: _____		Name: _____	
Address: _____		Address: _____	
Phone#: _____		Phone#: _____	

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