STAND Gen	For Official Use Only		
County. Information and may be subject	requested on this o public disclosure state employees s	m is for filing tort claim agains form is required by RCW 4.96 . Claims involving accidents w hould be filed on a Standard V han this form.	.020(3) ith
PLEASE TYPE OR PRINT IN INK			No.
Mail or deliver original claim to:	Lewis County Ris 351 NW North St BOCC Office, Ro Chehalis, WA 98		
CLAIMANT INFORMA	TION		
1. Claimant's name:			
Last name	First	Middle	Date of birth (month, day, year)
2. Current residential a	ddress:		
 Mailing address (if d 	ifferent):		
4. Residential address	for six months prior	to the date of the incident (if c	lifferent from current address):
5. Claimant's daytime t	elephone number:	() Home	()Business
6 . Claimant's e-mail ad	dress:		_
INCIDENT INFORMAT	ION		
7. Date of the incident:	// Month Day Yea		a.m./p.m. <i>(circle one)</i>
	Time: a.	f time, date of first and last occ .m./p.m. (<i>circle one</i>) to/ 	/ , Time: a.m./p.m. (<i>circle one</i>)
9. Location of inciden	t:	City, if applicab	le Place where occurred
10. If the incident occu			re Flace where occurred
Name of street or high	way	Milepost number	At the intersection with or nearest intersecting street
11. County agency or o	Jepartment alleged	responsible for damage/injury	:
12. Names, addresses	and telephone nur	nbers of all persons involved ir	n or witness to this incident:

13. Names, addresses and telephone numbers of all county employees having knowledge about this incident:

- **14.** Names, addresses and telephone numbers 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**. Please include, at least, 2 estimates of repair of alleged damage(s) along with photos of the alleged damage(s).
- **20.** I claim damages from Lewis County in the sum of \$_____.
- **21**. Do you have an attorney representing you for this claim? ____YES ____NO **If yes**:

Name of attorney:

Address of attorney:

Phone number of attorney:

The Claimant must sign this claim 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 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 Form SF 210 (Rev. 05/24) Date and place (residential address, city and county)