
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)