



11. If the incident occurred on a street or highway:

Name of street or highway	Milepost number	At the intersection with or nearest intersecting street
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12. State agency or department alleged responsible for damage/injury:

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

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

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

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16. 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.

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17. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom? Please attach a copy of the report or contact information.

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

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19. Please attach documents which support the allegations of the claim.

20. I claim damages from the state of Washington 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)**

**Or**

\_\_\_\_\_  
**Signature of Representative**

\_\_\_\_\_  
**Date and place (residential address, city and county)**

\_\_\_\_\_  
**Print Name of Representative**

\_\_\_\_\_  
**Bar Number (if applicable)**