

FERRY COUNTY
INCIDENT/CLAIM REPORT
PLEASE TYPE OR PRINT

CLAIMANT/PERSON INVOLVED

Last Name: _____ First Name: _____ Middle Initial: _____

Telephone #: (____) _____ OTHER: (____) _____

ADDRESS:

STREET AND/OR MAILING

CITY

STATE

ZIP

DATE OF INCIDENT _____ TIME OF INCIDENT _____

LOCATION OF INCIDENT _____

DESCRIPTION OF INCIDENT

WITNESSES:

NAME _____	PHONE _____
NAME _____	PHONE _____
NAME _____	PHONE _____
NAME _____	PHONE _____

POLICE REPORT

Yes No Report # _____

City/County/State _____ Phone _____

INJURIES:

NAME ADDRESS PHONE

PART OF BODY INJURED _____

NAME ADDRESS PHONE

PART OF BODY INJURED _____

PROPERTY DAMAGED

VEHICLE OR EQUIPMENT _____

YEAR MAKE/MODEL VIN ~ SERIAL NUMBER

LICENSE PLATE # _____

BUILDING ADDRESS _____

CITY STATE ZIP

I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF WASHINGTON THAT THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

CLAIMANT SIGNATURE

DATE

RETURN THIS REPORT AND PHOTOS TO:

**FERRY COUNTY HUMAN RESOURCES
350 E. DELAWARE AVENUE #15
REPUBLIC, WA 99166
(509)775-5225 Ext 1107 (509) 775-0102 FAX
riskmgmt@co.ferry.wa.us**