

FERRY COUNTY
INCIDENT/CLAIM REPORT
PLEASE TYPE OR PRINT

NAME OF CLAIMANT _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____
HOME WORK

DATE OF LOSS _____ TIME OF LOSS _____

DESCRIPTION OF VEHICLE OR EQUIPMENT (INCLUDING VIN NUMBER) _____

DESCRIPTION OF INCIDENT _____

LOCATION OF LOSS _____

WITNESSES:

NAME _____ PHONE _____

NAME _____ PHONE _____

DESCRIPTION OF LOSS: _____

CAUSE OF LOSS: _____

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:

RISK MANAGEMENT
350 E. DELAWARE AVENUE #15
REPUBLIC, WA 99166
509-775-5219
riskmgmt@co.ferry.wa.us