

VICTIM LOSS CLAIM

Re: State of Washington vs. _____
Case No. _____

Unrecovered Property: List property NOT recovered or destroyed and Actual cash value.
Attach proof of value

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

Property Damage: List damage and associated costs and cost of repair: (attach copies of bills or estimates)

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

Property Insurance Information:

Insurance Company: _____
Address: _____
Claim No.: _____
Adjuster & Phone: _____

Medical/Counseling. Note injury requiring treatment: (Attach copies of bills/insurance forms)

Injury: _____
Insurance Provider: _____
Address: _____
Total Amount Paid by Insurance: \$ _____

SIGN HERE: I declare Under Penalty of Perjury Under the Laws of the State of Washington that the Foregoing is True and Correct:

Signature

Address

Home Phone Work Phone Date