

PROPERTY LOSS OR DAMAGE CLAIM FORM EMD-086

(See WAC 118-04-340 for detailed instructions)

**Washington Military Department
Emergency Management Division**

CLAIMANT'S INSTRUCTIONS:

1. This form is in two (2) parts: **Part One** is required general information and eligible property damage/loss reimbursable expenses. **Part Two** is to be completed by the local Director of Emergency management.
2. All responses **must be in ink**, and all requested items **must be completed**. **DO NOT PRINT TWO-SIDED.**
3. Claimant **must be a registered Emergency Worker** in accordance with Revised Code of Washington (RCW) 38.52, and Washington Administrative Code (WAC) 118-04, and must have been working under Emergency Management authority at the time of the loss or damage occurrence.
4. A state **Mission number, Training Mission number, or Evidence Search Mission number** must have been assigned.
5. **Damage must be mission related** not the result of normal wear and tear, mechanical or electrical breakdown, or include other damage, loss or inconvenience consequent to such damage. Loss or damage which could have been prevented through reasonable care, caution, or routine maintenance may not be covered.
6. **Receipts or other documentation** for all claimed items **must be included**. Fasten receipts smaller than 8.5x11 inches to letter size paper.
7. When completed, this form **must be signed by claimant or claimant's representative**.
8. **Claimant MUST be registered as a Payee (Vendor)** with the Department of Enterprise Services, Statewide Payee Desk (see: <http://www.des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx>). **Enter Statewide Vendor Number (SVN) below.**
9. If claimant is unable to present and file the claim (due to incapacitation, etc.) or if claimant is a minor, or a nonresident of the state, the claim may be presented and filed on behalf of the claimant by claimant's legal representative, any relative, attorney, or agency representing the claimant.
10. **Submit original claim and all supporting documentation to your local Director of Emergency Management or Search and Rescue Coordinator (WAC 118-04-360).**

PART ONE:

TO BE COMPLETED BY EMERGENCY WORKER (CLAIMANT) OR REPRESENTATIVE

NAME OF CLAIMANT: _____
Last, First M.I. or Organization Name

EMERGENCY WORKER CARD NUMBER (if Individual): _____

CLAIMANT'S ADDRESS: _____
City State Zip

COUNTY WHERE REGISTERED: _____

HOME PHONE: () _____

WORK PHONE: () _____

STATEWIDE VENDOR/PAYEE NUMBER (SVN) : _____ EMAIL: _____

DATE & TIME DEPARTED HOME: _____ DATE & TIME RETURNED HOME: _____

COUNTY MISSION/INCIDENT TOOK PLACE: _____ MISSION OR INCIDENT # _____ DATE OF INCIDENT: _____

TOTAL AMOUNT CLAIMED: \$ _____

MODEL, STYLE, TYPE OR OTHER DESCRIPTION OF ITEM(S) LOST OR DAMAGED (The more detail, the better):

DATE OF PURCHASE OR ACQUISITION: _____ ORIGINAL COST \$ _____

TOTAL CURRENT VALUE OF ITEMS CLAIMED OR EQUIVALENT REPLACEMENT ITEMS: \$ _____

NAME AND ADDRESS OF LEGAL OWNER: _____

FULL DESCRIPTION OF CIRCUMSTANCES SURROUNDING THE LOSS OR DAMAGE AND DESCRIPTION OF THE ACTUAL LOSS OR DAMAGE:

(if more space is needed, please attach additional sheets)

WAS THE LOSS OR DAMAGE COVERED BY PRIVATE INSURANCE? [YES] [NO]

IF COVERED, NAME, ADDRESS AND POLICY NUMBER OF INSURANCE COMPANY:

WAS A PORTION OF THE LOSS OR DAMAGE DEDUCTIBLE FROM THE POLICY BENEFIT? YES] [NO]

HAVE YOU MADE A CLAIM AGAINST THE INSURER? [YES] [NO]

HAVE YOU MADE A SETTLEMENT WITH INSURER? [YES] [NO]

IF SO, WHAT AMOUNT? \$ _____

Emergency Worker (Claimant) Or Legal Representative MUST Sign This Claim Form

I hereby certify or "declare" under penalty of perjury under the laws of the State of Washington that the foregoing is a true and correct claim for necessary expenses incurred by me or claimant and that no payment has been received by me or claimant on account thereof.

Signature of Emergency Worker or Organization Representative _____ Date _____ Address _____
(Claimant) City County State

If the claimant is incapacitated from verifying, presenting, and filing the claim or if the claimant is a minor, or is a nonresident of the state, the claim may be verified, presented, and filed on behalf of the claimant by any relative, attorney, or agent representing the claimant. "All claims against the state for property damages or indemnification therefore arising from emergency management related activities will be presented to and filed with the director of financial management." (RCW 38.52.205)

(NOTE: For general statutory provisions governing claims against the State of Washington, see Chapter 4.92.100 RCW. For specific information regarding Emergency Worker Claims, see RCW 38.52).

PART 2
To Be Completed By The Emergency Management/Services Director For The Jurisdiction Where Claimant Is Registered Or For The Jurisdiction Where Incident Occurred.

I have reviewed the information in part one (1) and it is true to my best knowledge and belief.

Director's Signature _____ Date _____

Don't forget to check:

Copy of EMD-078 with Emergency Worker name showing? Receipts as specified included? Form(s) properly filled out and signed?

If total claim for mission/incident number exceeds \$2,000.00, before sending in the claim, a compensation board must be established in accordance with RCW 38.52.210. Contact Washington Emergency Management Division for further information.

Mail completed original form with all documentation to:

**Office of Risk Management
Department of Enterprise Services
PO Box 41466
Olympia WA 98504-1466**

Mail marked copy to: SAR Coordinator, Emergency Management Division, Camp Murray WA 98430-5122

Form EMD-086 (Rev. 08/14) All other versions are obsolete and should not be used.