

PORT OF EVERETT CLAIM FOR DAMAGES

PATRONS, VENDORS AND CUSTOMERS

Date of incident:	Time of incident:		
Location of incident:			
Name:	Address:		
Description of incident:			
Description of injuries, property damage, or property loss:			
Specific request for:			
Persons involved in incident, including witnesses:			
Name:	Phone:	Email:	
Address:	City:	State:	Zip:
Name:	Phone:	Email:	
Address:	City:	State:	Zip:
Name:	Phone:	Email:	
Address:	City:	State:	Zip:
Was 911 called? Yes <input type="checkbox"/> No <input type="checkbox"/>	Agencies responding:	<input type="checkbox"/> Everett Police Department	
		<input type="checkbox"/> Everett Fire Department	
		<input type="checkbox"/> Medics	
Was an insurance claim filed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police report number:		
If yes, name of insured:			
Insurance company:			
Policy number:			
Additional comments:			
Signature: _____	Date: _____		

Please return this form to Barbara Browning, barbarab@portofeverett.com and 425-388-0618, within 24 hours of the incident, along with any pictures or other supporting documentation.