



# City of Seattle CLAIM FOR DAMAGES

<b>CITY USE ONLY</b>	
CLAIM NUMBER	24-0915
DATE FILED	7/25/24

Note:  
**Type or Print Legibly.**  
See instructions on back.

<b>CLAIMANT</b>	NAME (FIRST - MIDDLE - LAST, OR BUSINESS NAME) Daniel A Auderer	DATE OF BIRTH 11/28/1974	HOME PHONE
CURRENT HOME ADDRESS (NUMBER - STREET - CITY - STATE - ZIP) 2719 Lindell Rd NE Olympia, Wa 98506			BUS. PHONE
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER - STREET - CITY - STATE - ZIP) 2719 Lindell Rd NE Olympia, Wa 98506		CELL PHONE	E-MAIL ADDRESS Contact through counsel: joel@ard.law
<b>ACCIDENT/LOSS</b>	DATE 9/11/2023	TIME 1300	<b>DIAGRAM</b> Use if this will help you locate or describe what happened
<b>LOCATION/SITE</b>	BE VERY SPECIFIC: STREETS, ADDRESSES, etc. 2719 Lindell Rd NE Olympia, Wa		
<b>WHAT HAPPENED?</b>	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (additional space on reverse side or attach additional pages and supportive documents as needed)		
Seattle PD leaked false information concerning wrongfully initiated disciplinary proceedings as well as my personal information, including my home addresses. SPD then wrongfully terminated me. This was retaliatory at least due to my union leadership.			
NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT			CITY DEPT?
1) Adrian Diaz	2) Rebecca Boatright	3) Dan Okada	CITY EMPLOYEE
Gino Betts	Sue Rahr	Mike Solan	CITY VEHICLE NUMBER, LICENSE, etc.
Corey George	Nelson Leese	All witnesses can be contacted	
Ph: _____	Ph: _____	Ph: via Seattle Police Dep.	
<b>WAS YOUR PROPERTY DAMAGED?</b> (i.e. Home, Auto, Personal Property)			
<input type="checkbox"/> YES IF SO, THEN FULLY DESCRIBE - SUCH AS AGE, MAKE, MODEL, CONDITION, VALUE, OR EXTENT OF DAMAGE			
<input checked="" type="checkbox"/> NO (additional space on reverse side or attach additional pages and supportive documents as needed)			
<b>WERE YOU INJURED?</b>			
<input checked="" type="checkbox"/> YES IF YES, THEN COMPLETE THE FOLLOWING: <input type="checkbox"/> NO (additional space on reverse side or attach additional pages and supportive documents as needed)			
DESCRIBE YOUR INJURY (IDENTIFY YOUR DOCTOR(S)) Personal reputation harm, wrongful termination, mental pain and suffering			
WAGE LOSS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THEN RATE OF PAY: \$200,000 per annum			
KIND OF WORK Law enforcement EMPLOYER Seattle Police Department			
<b>AMOUNT CLAIMED</b> (if known) \$ \$ 20,000,000.00			
<b>SIGNATURE OF CLAIMANT</b> (AND TITLE, IF A BUSINESS)		I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct	
This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or by an attorney admitted to practice in Washington State on the claimant's behalf; or by a court-approved guardian or guardian ad litem on behalf of the claimant.		EXECUTED this 25 day of July 2024 , At Bainbridge Island, Kitsap County, Washington	
		X  Joel B. Ard, WSBA No. 40104, as counsel to claimant	

# PRESENTATION OF A CLAIM

This official City of Seattle document must be signed before it is filed.

**Mail to:**  
OFFICE OF THE CITY CLERK  
PO BOX 94728  
Seattle, WA 98124-4728

**Email to:**  
[CityClerkFiling@seattle.gov](mailto:CityClerkFiling@seattle.gov)

**Deliver to:**  
**OFFICE OF THE CITY CLERK**  
3rd FLOOR OF CITY HALL  
600 Fourth Ave., 3<sup>rd</sup> floor (between Cherry and James Sts)  
Service Desk open M-Th 9-4:30 p.m.  
On Fridays, leave form in dropbox in City Hall 1st floor Lobby.  
Closed on weekends and official City of Seattle holidays

An adjuster will be assigned to your claim after it is filed with the City Clerk’s Office. **It is to your advantage** to present with your claim relevant supporting documents (receipts, cancelled checks, estimates, billings, etc.) or additional evidence (photos, diagrams, etc.). Please note that the claim form and other supporting documents filed with the City Clerk are considered public records under Revised Code of Washington Chapter 42.56, the Public Records Act. Public records are presumed subject to disclosure upon request. Additional claim forms can be downloaded from the Risk Management website: ( <http://www.seattle.gov/riskmanagement/> )

## EXPLANATION OF THE CLAIMS PROCESS

Shortly after your claim is filed in the City Clerk’s Office, it is delivered to the Claims Section. The claim is then assigned to an adjuster who will contact you with your assigned claim number and their contact information and then they will conduct an investigation which includes a written response from the involved department(s). The Claims Section will then evaluate and recommend a reasonable resolution of your claim which will be one of three alternatives:

1. Pay a sum of money.
2. Tender – transfer to another party or entity responsible for your alleged damages.
3. Deny – where there is no evidence of any negligence by the City of Seattle.

If you have any questions about filing then do not hesitate to call 684-8213 during normal business hours Monday-Friday, 8:00 a.m.-5:00 p.m. If you have any questions after filing, call the Claims Adjuster assigned to your claim.

CS 19.10 REV. 12/14

## THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION

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