



Tort claim form: Claim for damages

RISK
MANAGEMENT
SERVICE
AGENCY

Entity name: _____

Pursuant to RCW Chapter 4.96, this form is for submitting a tort claim against the entity name above. Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

Claim forms cannot be submitted electronically (via e-mail or fax).

Please attach documents which support the claim's allegations.

Mail or deliver original claim to:

Claimant information

Claimant's name: _____

First name

Middle

Last name

Date of birth: _____

Current residential address: _____

Mailing address (if different): _____

Telephone number: _____

Email address: _____

Are you represented by an attorney? Yes No

Attorney name:	_____
Attorney firm:	_____
Mailing address:	_____
Phone:	_____
Email:	_____

Incident information

Date of the incident: _____ Time: _____ am pm
(mm/dd/yyyy)

If the incident occurred over a period of time, date of first and last occurrences:

From: _____ To: _____

(mm/dd/yyyy) _____ Time _____ am _____ pm

(mm/dd/yyyy) _____ Time _____ am _____ pm

Where did the incident occur? _____

Name of street or road: _____

Nearest intersection: _____

Describe what happened (attach additional pages if need):

How was this municipality involved?

Were you injured? Yes No

Describe any damage to your property or injuries:

Was your vehicle involved or damaged? Yes No

License plate:	Make:	Model:	Year:
Registered owner name:			
Insurance company:			
Insurance policy number:			

Witnesses and others involved:

	Name	Phone/Email	How was this person involved?
1.			
2.			
3.			

I am claiming damages in the amount of \$ _____ If damages are unknown, provide an estimate if possible.

Please attach documents which support the claim's allegations.

This claim form must be signed by the claimant, a person holding a written power of attorney from claimant, an attorney for the claimant, by an attorney admitted practicing in Washington state on behalf of the claimant, or by a court-approved guardian or guardian ad litem on behalf of the claimant.

I declare under penalty of perjury under the laws of Washington state that the foregoing is true and correct.

Printed name of person who completed the form: _____

Signature of claimant/Individual who completed the form: _____

Date and city and state: _____



Instructions for completing a Tort claim form

AWC
R I S K
M A N A G E M E N T
S E R V I C E
A G E N C Y

Before filing a Tort Claim, please read these instructions in its entirety.

Type or print clearly in ink and sign the Tort Claim form.

Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.

If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.

The following are examples on how to complete Standard Tort Claim Form:

Claimant information

1. Claimant Name and Date of Birth.
2. Loss location: Address.
3. Mailing Address, if different from the loss location.
4. Contact phone numbers: cell phone, home, office.
5. Email Address.

Incident information

6. Date and time of the loss.
7. Detailed explanation of the how and why the loss or damage occurred.
8. Explain how the city/town was involved and at-fault.
9. If the incident that caused the damages occurred over a period of time, please provide the beginning date and time and the ending time and date.
10. Location of the loss: (ex. I-5, Southbound, Milepost 109, near the Martin Way Exit)
11. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers.
12. List your injury or damage. Explain property loss or medical, physical or mental injuries, specifically answering the questions who, what, where, when and why.
13. If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
14. Please provide information of all your medical providers with their names, addresses, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
15. Attach receipts, pictures, witness statements or any other document to support your claims allegation.
16. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.

***Once this form is completed, please submit the original to the Town/City that you are filing a claim with.**