



152 W. Cedar Street, Sequim, WA 98382
PH (360) 683-4139 FAX (360) 681-3448

STANDARD TORT CLAIM FORM

General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Sequim. Information requested on this form is required by RCW 4.96.100 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax). Please direct claims to the City Clerk.

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to: **City Clerk**
 City of Sequim
 152 West Cedar Street
 Sequim WA 98382

CLAIMANT INFORMATION

1. Claimant's name:

<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Date of Birth</i>
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2. Current residential address:

3. Mailing address (if different):

4. Residential address for six months prior to the date of the incident (if different from current address):

5. Claimant's daytime telephone number:

<i>Home</i>	<i>Business</i>
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6. Claimant's e-mail address:

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____ __am __pm (*check one*)

8. If the incident occurred over a period of time, date and time of first and last occurrences:
from _____ Date/Time to _____ Date/Time

9. Location of incident:

<i>State and County</i>	<i>City</i>	<i>Place where occurred</i>
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10. If the incident occurred on a street or highway:

Name of street/address at the intersection with or nearest intersecting street

11. Agency or department alleged responsible for damage/injury:

12. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

13. Names, addresses and telephone numbers of all City of Sequim employees having knowledge about this incident:

14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant’s resulting damages. Please include a brief description as to the nature and extent of each person’s knowledge. Attach additional sheets if necessary.

15. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

18. Please attach documents which support the claim's allegations. Including photos of the damage, invoices, witness statements, and any other documentation that help support your claim. Failure to submit these documents could result in the delay or denial of your claim.

19. I claim damages from the City of Sequim in the sum of \$_____.

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 to practice in Washington State of 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 the State of Washington that the foregoing is true and correct.

Signed this _____ day of _____, 20____, at _____ (city), _____ (state).

Signature of Claimant

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM

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

- Type or print clearly in ink.
- 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.
- Sign the Tort Claim form.

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

Sample Claimant Information

1. Smith, Karen Michelle February 11, 1965
2. 1234 College Way NW, Apt. 56, Seattle WA 98178
3. PO Box 910, Seattle WA 98178
4. Same (or residence at the time of incident)
5. (206) 123-4567 (425) 123-4569
6. jandoe@email.com

Sample Incident Information

7. June 1, 2009 8:00 am
8. If the incident that caused the damages occurred over a period of time, please provide the beginning date and time listed in item 7 and the ending time and date.
9. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College
10. I-5, Southbound, Milepost 109, near the Martin Way Exit
11. Washington State Department of Transportation
12. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
13. Doug Doe, Driver for Department of Transportation
14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 11 and 12. Also include a description of their knowledge. For example, if your sister was with you when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
15. List your injury or damage. Explain property loss or medical, physical or mental injuries, specifically answering the questions who, what, where, when and why.
16. 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.
17. 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.
18. Attach receipts, pictures, witness statements or any other document to support your claims allegation.
19. 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.