

## Tort claim form: Claim for damages

Pursuant to RCW Chapter 4.96, this form is for submitting a tort claim against the governmental entity name above. Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Claim forms must be submitted directly to the governmental entity. Contact the entity to find out the appropriate physical location or email address for submitting a claim.

appropriate physical location or <b>Please attach documents whi</b>			
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:			

Tort claim form Revised 03/24

## **Incident information**

Date of the incident:	/mm/dd/\n		ime:		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 happene	ed (attach add	itional pag	es if need	):			
I I a	المراجع المراجع المراجع المراجع						
How was this municipal	lity involved?						
Were you injured?	Yes	No					
Describe any damage to your property or injuries:							
Describe any damage to your property or injuries.							
Was your vehicle involved or damaged? Yes No							
License plate:	M	ake:		Model:		Year:	
Registered owner name:							
Insurance company:							
Insurance policy number:							

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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 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 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:

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