



Standard tort claim form

General liability claim form

Entity name: _____

Pursuant to Chapter 4.96 RCW, this form is for filing 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 type or print in ink.

Mail or deliver original claim to:

Claimant information

1. Claimant's name:

_____	_____	_____	_____
Last name	First	Middle	Date of birth (mm/dd/yyyy)

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: _____

Home	Business
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6. Claimant's e-mail address: _____

Incident information

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

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

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

9. Location of incident: _____

State and county	City	Place where occurred
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10. If the incident occurred on a street or highway:

Name of street

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 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.

19. I claim damages 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 und the laws of the State of Washington that the foregoing is true & correct.

Signature of claimant

Date and place (residential address, city and county)