

STANDARD TORT CLAIM FORM
General Liability Claim

For Official Use Only

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Bremerton. 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: City Clerk
City Hall
345 Sixth Street, Suite 600
Bremerton, WA 98337

No.

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 on the date of the incident (if different from current address):

5. Claimant's daytime telephone number: _____
Home Business

6. Claimant's e-mail address: _____

INCIDENT INFORMATION

7. Date of incident: _____ **Time:** _____ a.m. p.m. (check one)
(mm/dd/yyyy)

8. If the incident occurred over a period of time, date of first and last occurrences:
from _____ **Time:** _____ a.m. p.m. (check one)
to _____ **Time:** _____ a.m. p.m. (check one)

9. Location of incident: _____
State and county City, if possible Place where occurred

10. If the incident occurred on a street or highway:

| Name of street or highway | Milepost number | At the intersection with or nearest intersecting street |
|---------------------------|-----------------|--|
|---------------------------|-----------------|--|

11. State agency or department alleged responsible for damage/injury:

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

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

14. Names, address 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 from the City of Bremerton in the sum of \$ _____.

The Claimant must sign this claim form unless he or she is incapacitated, a minor, or a nonresident of the state, in which case it may be signed on behalf of the Claimant by any relative, attorney, or agent representing the Claimant.

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

Signature of Claimant

Date and place (residential address city and county)

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM
General Liability Claim

- Please be advised that improperly filed Tort Claims will be rejected.
- Before filing a Tort Claim, please read these instructions and the Tort Claim forms in their entirety.
- Type or print clearly in ink and sign the Tort Claim form. If you are incapacitated, a minor or a nonresident of the state, a relative, attorney or agent may sign on your behalf.
- 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 the Tort Claim Form:
 1. Smith, Karen Michelle
 2. 1234 College Way NW, Apt. 56, Seattle WA 98178
 3. PO Box 910, Seattle WA 98178
 4. Same
 5. (206) 123-4567
 6. 8:00 a.m., August 9, 2004
 7. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item 7.
 8. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College, Building number 22.
 9. I-5, Southbound, Milepost 109, near the Martin Way Exit
 10. Washington State Department of Transportation, Highway
 11. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456;
Tow Truck Driver, Nisqually Towing
 12. Unknown
 13. 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.
 14. Please provide all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
 15. Please describe the incident that resulted in the injury or damages, 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 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.