



City of Port Orchard

216 Prospect Street, Port Orchard, WA 98366

(360) 876-4407 • FAX (360) 895-9029

TORT CLAIM FOR DAMAGES Instructions

Before filing a Tort Claim, please read these instructions and the City's Tort Claim forms in their entirety. Alternatively, you can use the standard Tort Claim form that is maintained by the risk management division of the office of financial management for the State of Washington.

Instructions:

- Type or print clearly in ink and sign the Tort Claim form.
- The Tort Claim form must be signed either: (i) By the claimant, verifying the claim; (ii) Pursuant to a written power of attorney, by the attorney in fact for the claimant; (iii) By an attorney admitted to practice in Washington State on the claimant's behalf; or (iv) By a court-approved guardian or guardian ad litem on behalf of the claimant.
- 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.
- If you are filing a personal injury claim, please provide a signed Medical Release.

The form must be returned with the attachments to:

City Clerk
City of Port Orchard
216 Prospect Street
Port Orchard, WA 98366
Monday – Friday (Excluding Holidays) 8:00 AM -4:30 PM

Once the completed and signed form is received, the City Clerk will review the claim and route to the appropriate department for review in order to determine:

- Who is the responsible party,
- Whether to pay the claim,
- Forward the claim to the City's insurance agency (AWC/RMSA) for consideration,
or
- Deny the claim.

The City Clerk or an AWC/RMSA employee will contact you if additional information is required in order to evaluate the claim.

Should you have any questions regarding this form or the City's claims process, please contact the City Clerk at (360) 876-4407.



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TORT CLAIM FOR DAMAGES

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Port Orchard. Information requested on this form is required by RCW 4.92.020 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax).

Please file the signed, original claim with:
 City Clerk, City Hall, 216 Prospect Street, Port Orchard, WA 98366
 Monday – Friday (excluding Holidays) 8:00 AM -4:30 PM

Claimant Information

Last name	First	Middle	Date of Birth for Claimant (mm/dd/yyyy)	
Current residential address			City	State Zip
Mailing address (if different)			City	State Zip
Residential address for six months prior to the date of the incident, if different from current address			City	State Zip
Claimant's Daytime Phone No.	Work No.	Cell No.	Email address	

Incident Information

Date of the incident: _____ Time: _____ a.m. p.m.
mm/dd/yyyy

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

From: _____ Time: _____ a.m. p.m. To: _____ Time: _____ a.m. p.m.
mm/dd/yyyy mm/dd/yyyy

Location of incident: _____
State and County City Place were occurred

If the incident occurred on a street or highway:

Name of Street	Street Address	At the intersection with or nearest intersecting street
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Agency or department alleged responsible for damage/injury: _____
 Names, addresses, and telephone numbers of all persons involved in or witness to this incident:

Names, addresses, and telephone numbers of all City of Port Orchard employees having knowledge about this incident: _____

Names, addresses, and telephone numbers of all individuals not already identified above that have knowledge regarding the liability issued involved in this incident or knowledge of the claimant's resulting damage. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary: _____

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: _____

Has the incident been reported to law enforcement, safety or security personnel? If so, when and to whom? _____

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

Please attach documents which support the claimant's allegations.

I claim damages from the City of Port Orchard in the sum of \$ _____.

This claim must be signed by the claimant, a person holding a written power of attorney from claimant, an attorney for claimant, by an attorney admitted to practice 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 and 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) _____

FOR OFFICIAL USE ONLY

Date Received by City Clerk: _____
mm/dd/yyyy via Mail or In person (write in one)

Date AWC/RMSA Notified: _____ Amount of Claim: _____
mm/dd/yyyy

Disposition: _____ In-House _____
File No. Closed Date
_____ AWC/RMSA _____
Claim No. Closed Date

Other: _____