

INSTRUCTIONS FOR COMPLETING CITY OF ELLENSBURG TORT CLAIM FORM
GENERAL LIABILITY CLAIM

- Before filing a Tort Claim, please read these instructions and the Tort Claim form in its 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, John Doe 08/12/59
 2. 1234 College Way NW, Apt. 56, Ellensburg, WA 98926
 3. PO Box 12345, Ellensburg, WA 98926
 4. Same
 5. (509) 123-4567; (509) 890-1213
 6. Smithjd@cableco.com
 7. August 9, 2009; 8:00 a.m.
 8. August 9, 2009; 8:00 a.m. – August 9, 2009; 9:00 a.m.
 9. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College, Building number 22.
 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
 13. List the names, addresses and telephone numbers of all City of Ellensburg employees having knowledge about the incident.
 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 12 and 13. 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. 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 of the person you spoke with.

17. 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.
18. Attach any supporting documentation for your claim.
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.

CITY OF ELLENSBURG TORT CLAIM FORM

For Official Use Only

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Ellensburg. Some of the 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 TYPE OR PRINT IN INK

Mail or deliver original claim to
Office of the City Clerk
Ellensburg City Hall
501 North Anderson Street
Ellensburg, WA 98926-7054

Business Hours: Mon. – Fri. 8:00 a.m. – 5:00 p.m.
Closed on weekends and official holidays.

No.

CLAIMANT INFORMATION

1. Claimant's name: _____
Last name _____ First _____ Middle _____ Date of birth (mo./day/yr.) _____

2. Current residential address: _____

3. Mailing address (if different): _____

4. Residential address at the time 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 the incident: _____ Time: _____ a.m. _____ p.m. (check one)

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: _____
(mo./day/yr.)
a.m. _____ p.m. (check one)

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

10. If the incident occurred on a street:

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 City of Ellensburg employees having knowledge about the 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 from the City of Ellensburg in the sum of \$_____.

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, 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.

Signature of Claimant

Date and place (residential address, city and county)