

City of Poulsbo

Jill Boltz, City Clerk

200 NE Moe Street, Poulsbo, Washington 98370

Phone (360) 394-9880



CLAIM FOR DAMAGES

If you feel the City of Poulsbo has been negligent and you wish to submit a claim against the City, please complete the attached **City of Poulsbo Claim for Damages Form**, include all bills relating to the claim and photographs (if available), the form must be signed by the claimant and return the form with attachments to the City Clerk at Poulsbo City Hall, 200 Moe Street, Poulsbo, Washington 98370. Once the form is returned, it will be routed to the appropriate department for review. The City will either: 1) pay the claim; 2) contact you for additional information; 3) forward the claim to the City's risk management service agency (AWC-RMSA) for consideration; or 4) reject the claim. A City employee or AWC-RMSA employee will contact you if additional information is needed to evaluate the claim.

If you have any questions regarding completing the form or the claims process please contact the City Clerk at (360) 394-9880.

City of Poulsbo
STANDARD TORT CLAIM FORM
General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Poulsbo. 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:

Jill A. Boltz, City Clerk
City of Poulsbo
200 Moe Street
Poulsbo, WA 98370-7347

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

6. Claimant's e-mail address:

INCIDENT INFORMATION

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

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

from Time: am pm
(mm/dd/yyyy)

to Time: am pm
(mm/dd/yyyy)

9. Location of incident

State and county

City

Place where occurred

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 City of Pousbo 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 from the City of Poulsbo 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 and correct.

Signature of Claimant

Date and place (residential address, city and county)

FOR CITY USE ONLY

Date Submitted to City Clerk: _____

Distribution: AWC/RMSA Mayor Responsible Department _____

Distributed via: Mail E-mail Interoffice Mail Date of Distribution: _____

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM

General Liability Claim Form

City of Poulsbo

- Before filing a Tort Claim, please read these instructions in its entirety.
- Type or print clearly in ink and sign the Tort Claim form.
- 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 Standard Tort Claim Form:

Claimant Information

1. Smith, Karen Michelle February 11, 1965
2. 1234 College Way NW, Apt. 56, Seattle WA 98178
3. PO Box 910, Seattle WA 98178
4. Same (or residence at the time of incident)
5. (206) 123-4567 (425) 123-4569
6. jandoe@email.com

Incident Information

7. June 1, 2009 8:00 am
8. If the incident that caused the damages occurred over a period of time, please provide the beginning date and time listed in item 7 and the ending time and date.
9. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College
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; Tow Truck Driver, Nisqually Towing
13. Doug Doe, Driver for Department of Transportation
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 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.
15. List your injury or damage. Explain property loss or medical, physical or mental injuries, 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 information of all your medical providers with their names, addresses, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
18. Attach receipts, pictures, witness statements or any other document to support your claims allegation.
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.