

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM
General Liability Claim Form

- Before filing a Tort Claim, please read these instructions, the Tort Claim Form, and other appropriate forms in their entirety. Pursuant to Chapter 4.96 RCW, these instructions are for filing a tort claim against the City of Yakima. Information requested on the Tort Claim Form is required by RCW #####4.96.010 and RCW 4.96.020 and may be subject to public disclosure.

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#####• 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 Tort Claim Form:

1. Smith, Jane Doe, 01/01/1234, John Doe Smith
2. 1234 Sunny Lane, Apt. 1234, Yakima, WA 98901
3. PO Box 9999, Yakima WA 98901
4. Same (or residence at the time of incident)
5. (509) 123-4567
6. jsmith@emailaddress.com
7. August 9, 2010, 8:00 a.m.
8. 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.
9. 5678 Appleway Drive, Yakima, place where occurred (example: Sunny Inn)
10. Yakima Avenue, intersection of Yakima Avenue and 1st Street
11. Enter City department/division alleged responsible
12. John Doe Smith, 1234 Sunny Lane, Apt. 1234, Yakima, WA 98901 (509) 123-7654;
Tow Truck Driver, Sunny Towing
13. Unknown
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. In addition, please explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.
16. If you reported this incident to law enforcement or City personnel, please provide a copy of the report or contact information to 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. Please attach documents which support the claim's 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.
20. Please sign the form, and also put the date you signed the form and where you signed the form (for example, September 1, 2010, Yakima, Washington).

- If your claim involves a motor vehicle accident, please complete and sign the vehicle accident form (you do not need to fill out a standard tort claim form if you are using the vehicle accident form).

CITY OF YAKIMA STANDARD TORT CLAIM FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Yakima. Information requested on this form is required by RCW 4.96.010 and RCW 4.96.020 and may be subject to public disclosure. Claims involving accidents with vehicles operated by city employees should be filed on a Standard Vehicle Accident Claim Form, not this form. Claim forms cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

For Official Use Only

No.

Mail or deliver original claim to: City of Yakima
City Clerk's Office
City Hall - First Floor
129 North Second Street
Yakima, Washington 98901-2830
Phone: (509) 575-6037

CLAIMANT INFORMATION

1. Claimant's name and spouse's name:

Last name First Middle Date of birth (mm/dd/yyyy) Spouse's name

2. Current residential address: _____

3. Mailing address (if different): _____

4. Residential address on/at 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: _____ 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)
(mm/dd/yyyy) (mm/dd/yyyy)

9. Location of incident: _____
Street address City Place where occurred

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

Name of street At the intersection with or nearest intersecting street

11. City department/division alleged responsible for damage/injury:

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

