

STANDARD TORT CLAIM FORM
General Liability Claim Form, Grant County, Washington

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against Grant County, Washington. Information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or facsimile).

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to:

Grant County Auditor
PO Box 37
Ephrata, WA 98823

Physical Address:
35 C Street
(2nd Floor, old Courthouse)

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m.
Closed on weekends, official state holidays, and 1 floating holiday (late December).

CLAIMANT INFORMATION

1. Claimant's Name:

Last Name	First	Middle	Date of birth (mm/dd/yyyy)
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2. Current residential address:

3. Current 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
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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** _____
(mm/dd/yyyy)
Time: _____ a.m. _____ p.m. (check one) **To** _____
(mm/dd/yyyy)
Time: _____ a.m. _____ p.m. (check one)

9. Location of incident:

State and County	City, if applicable	Place where occurred
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INCIDENT INFORMATION (Cont'd)

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. Grant County 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 Grant County 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 the incident been reported to law enforcement, safety, or security personnel? If so, when and to whom?

INCIDENT INFORMATION (Cont'd)

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 Grant County 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 or 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)