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.
- 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).

D		F^{A}	SE	TV	DE	∩ R	PRI	NT	INI	INK
_	_	. – –				L)N	FNI	14 1	114	HAL

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

For Official Use Only	
No.	

CLAIMANT INFORMATION

1. Claimant's name	and spouse's na	me:		
Last name	First	Middle	Date of birth (mm/dd/yyyy)	Spouse's name
2. Current residenti	ial address:			
4. Residential addr	ess on/at the date	of the incident (if o	lifferent from current address):	
5. Claimant's daytir	me telephone num	nber:	le	Business
6. Claimant's e-ma	il address:	HOIII		
INCIDENT INF	ORMATION			
7. Date of the incide	ent:(mm/dd/yyyy)		Time:a.mp.m	. (check one)
8. If the incident of from(mm/dd/yyy	ccurred over a per Time: /y)	iod of time, date of a.mp.m. (d	first and last occurrences: check one) to, Time:	a.mp.m. (check one)
9. Location of inci	dent:			
	Street ad	dress	City	Place where occurred
10. If the incident o	occurred on a stree	et or intersection:		
Name of street		At the intersection	on with or nearest intersecting stree	t
11. City department	t/division alleged เ	esponsible for dam	nage/injury:	
12. Names, addres	ses and telephon	e numbers of all pe	rsons involved in or witnesses to this	s incident:

13. —	Names, addresses and telephone numbers of all City 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. In addition, 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 or City 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.
	I claim damages from the City of Yakima in the sum of \$
Thi atto	s Claim form must be signed by the Claimant, a person holding a written power of attorney from the claimant, by the brney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by ourt-approved guardian or guardian ad litem on behalf of the Claimant.
l de	eclare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.
Sig	nature of Claimant Date and Place of execution