

Claim for Damages Packet

Please read all of the all of the information contained in the packet prior to completing and submitting your Claim for Damages

Documents Contained in the Packet

- Instructions for Completing the Standard Tort Claim Form
- Standard Tort Claim Form

Legal Requirements for Submitting a Claim Form

In order to verify the claim and additional supporting information, the law requires that the Standard Tort Claim form be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney in fact for the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant's behalf; or
- A court-approved guardian or guardian ad litem on behalf of the Claimant

Important

- State Law requires an original signature on the form which means that they cannot be submitted electronically (by fax or email). While not required by law, we ask that the form be notarized which can be accomplished at our office at the time of submission.
- The length of the Claim for Damages investigation varies greatly depending on the complexity of the issues and the availability of evidence to support the claim. All relevant information and documents should be provided for consideration.
- The completed form may be subject to public disclosure.

Present in Person or Mail the Claim Form and Supporting Documents to:

City of Othello
c/o City Clerk's Office
500 E. Main Street
Othello, WA 99344

Phone: 509-488-5686

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

Instructions for Completing a Standard Tort Claim Form

- Type or print clearly in ink and sign the Form
- Provide all requested information and any available documents or evidence supporting your claim such as damage estimates, receipts, bills, photographs, etc
- If requested information cannot be supplied in the space provided, please use additional blank sheets.
- How to complete the Standard Tort Claim Form:
 - If the incident that caused the damages occurred over a period of time, please provide the beginning time and ending time
 - Provide the dollar amount for your damages that should represent your opinion of total compensation.
 - Location should be specific: 123 Andover Park E.
 - Please describe the incident that you are claiming damages for specifically answering the questions: who, what, where, when and why.
 - List all witnesses having knowledge of the incident in question with their names, addresses and phone numbers.
 - If the incident was reported to law enforcement please provide a copy of the report or the contact information for the report.
 - If you are claiming damages to an automobile please complete information regarding the driver and owner of the vehicle.
 - If a claim has been submitted to your insurance carrier please provide their information.

CLAIM FOR DAMAGES FORM

Date Claim Form
Received by Member

MEMBER CITY/ORGANIZATION: _____

Please take note that _____, who resides at _____,
_____ mailing address _____,
_____, home phone # _____, work phone # _____, is claiming damages against
_____ in the sum of \$ _____ arising out of the following circumstances listed below.

DATE OF OCCURRENCE: _____ TIME: _____

LOCATION OF OCCURRENCE: _____

DESCRIPTION:

1. Describe occurrence explaining the nature of the defects or acts of negligence causing damages.

(attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

3. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

4. Have you submitted a claim for damages to your insurance company? _____ Yes _____ No

If so, please provide the name of the insurance company: _____
and the policy #: _____

** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY **

License Plate # _____	Driver License # _____
Type Auto: _____	_____
(year) (make) (model)	
DRIVER: _____	OWNER: _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
Passengers:	
Name: _____	Name: _____
Address: _____	Address: _____

* * NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED * *

I, _____, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

X _____

X _____

Signature of Claimant(s)

State of Washington
County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Signature

Title

My appointment expires _____