

# CLAIM FOR DAMAGES FORM PACKET

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Please *carefully read all of the information in this packet* before completing and presenting your Claim for Damages form.

## Documents Contained in the Claim for Damages Form Packet

- Instructions for completing the Claim for Damages form
- Claim for Damages form

## Legal Requirements for Presenting Claim for Damages Form

In order to verify the claim and additional supporting information, the law requires that the Claim for Damages form be signed by one of the following:

- The Claimant; or
- A person who has been given authority by the Claimant under a written power of attorney; or
- An 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 Claim for Damages form. This means that claim forms cannot be submitted electronically (fax or e-mail).
- 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. A Claim for Damages can be resolved and closed quicker when all relevant information and documents are provided initially for the City's consideration.
- Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

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

Claims for Damages must be presented, either in person or by mail (regular mail, registered mail or certified mail, with return receipt requested) to the following:

City of Tacoma  
City Clerk's Office  
747 Market Street, Suite 220  
Tacoma, WA 98402

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m.  
Closed on weekends and holidays.

Please make copies for your personal records before submitting your Claim for Damages form. Submitted material will not be returned.

After the claim is presented to the City Clerk's Office, the Legal Department (253.591.5885) will process the claim and notify you to confirm receipt.

# INSTRUCTIONS FOR COMPLETING A CLAIM FOR DAMAGES FORM

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Before presenting a Claim for Damages form, please read these instructions and the Claim for Damages form in their entirety.

Type or print clearly in ink and sign the Claim for Damages 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 for Damages form can be easily read and understood.

## The following are examples on how to complete the Claim for Damages Form

1. Smith, Karen Michelle 05/09/1974
2. 1234 College Way NW, Apt. 56, Tacoma WA 98402
3. PO Box 910, Tacoma WA 98402
4. Same (or residence at the time of incident)
5. (253) 123-4567
6. ksmith@email.com
7. 08/02/2009 8:00 a.m.
8. 08/02/2009 8:00 a.m. to 08/06/2009 1:00 p.m.
9. Washington, Pierce, Tacoma, Tacoma Public Utilities parking lot
10. I-5, Southbound, Milepost 109, near the Martin Way Exit OR South 50<sup>th</sup> and G Streets
11. Tacoma Power
12. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Tacoma WA 98402, (253) 345-6789; Tow Truck Driver, Tacoma Towing OR unknown
13. Doe, Jane, Tacoma Power employee (253) 502-5555 OR 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.
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 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 copies of your medical records and bills as appropriate.
18. Please attach any documents of documents that support the claim's allegation. Remember to keep a copy as submitted material will not be returned.
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.

**Please sign, date, and place the bottom of page 2 before submitting your claim.**

# CITY OF TACOMA CLAIM FOR DAMAGES FORM

## General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a claim against the City of Tacoma. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to the new law, Claim for Damages forms cannot be submitted electronically (via e-mail or fax).

For Official Use Only

### PLEASE TYPE OR PRINT IN INK

#### Mail or deliver original claim to:

City of Tacoma  
City Clerk's Office  
747 Market Street, Suite 220  
Tacoma, WA 98402

Business Hours: Mon. - Fri. 8:00 a.m. - 5:00 p.m. Closed on weekends and holidays.

No.

### 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 at the time 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.  
*(mm/dd/yyyy) (check one)*
8. If the incident occurred over a period of time, date of first and last occurrences:  
from \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
*(mm/dd/yyyy) (check one) (mm/dd/yyyy) (check one)*
9. Location of incident: \_\_\_\_\_  
*State and county City, if applicable Place where occurred*
10. If the incident occurred on a street or highway:  
\_\_\_\_\_  
*Name of street or highway At the intersection with or nearest intersecting street*
11. City agency or department allegedly responsible for damage/injury: \_\_\_\_\_
12. Names, addresses, and telephone numbers of all persons involved in or witness to this incident:  
\_\_\_\_\_  
\_\_\_\_\_

