

Instructions for Completing the Standard Tort Claim Form

City of Westport

- Type or print clearly in ink and sign the Form (required to be notarized).
- 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 E. Boat Lane
 - 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 including 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 your insurer's information, including company name, telephone number and claim number.



**Claim for Damages Form
City of Westport**

For Official Use Only

City/Organization _____

Date Received from Claimant _____

Claimant Information

Claimant's name: _____ Date of Birth: _____

Current residential address: _____

Mailing address (if different): _____

Residential address at the time of the incident (if different from current address): _____

Claimant's daytime phone number (work, home or cell) : _____

Claimant's email address: _____

Incident Information

Date of the incident: _____ Time: _____ am/pm

If the incident occurred over a period of time, date of first and last occurrences:

From: _____ To: _____

Location of incident: _____

Name, addresses and telephone numbers of all persons involved in or witness to this incident: _____

Name of all of city employees having knowledge of this incident: _____

Name, addresses and telephone numbers of all individuals not already identified above that have knowledge regarding the 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.

Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

Has this incident been reported to law enforcement? If so, which agency and name of officer (if known).

Have you filed a claim with your insurance carrier? If so, what is their name, phone number and claim number?

Name address and telephone numbers of treating medical providers. Please attach billings and records if available.

Please attach any other documentation that you believe support your claim's allegations

Additional Information Required for Automobile Claims Only	
License Plate # _____ Year/ Make/ Model _____	Driver
Name, Address & Phone _____	Owner
Name, Address & Phone _____	
Passenger(s) Name, Address & Phone _____	

I am claiming damages in the amount of _____

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct.

This Claim form must be signed by the Claimant, a person holding a written power of attorney from 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.

Signature of Claimant

Date

State of Washington

County of Grays Harbor

(If notarized, for notary to complete)

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: _____

Present in person or mail the claim form and supporting document to:

City of Westport
c/o Clerk-Treasurer's Office
P O Box 505
604 N Montesano St.
Westport, WA 98595

360-268-0131 fax: 360-268-0921
e-mail: clerk_treasurer@ci.westport.wa.us