Tort claim form:
Claim for damages

AWC RISK MANAGEMENT SERVICE AGENCY

Entity name: _____

Pursuant to RCW Chapter 4.96, this form is for submitting a tort claim against the entity name above. Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax).
Please attach documents which support the claim's allegations.

Mail or deliver original claim to:

_____

_____

_____

_____

Claimant information

Claimant's name: _____ _____ _____
First name Middle Last name

Date of birth _____

Current residential address: _____

Mailing address (if different): _____

Telephone number: _____

Email address: _____

Are you represented by an attorney? ☐ Yes ☐ No

Attorney name:	
Attorney firm:	
Mailing address:	
Phone:	
Email:	

Incident information

Date of the incident: _____ (mm/dd/yyyy) Time: _____ am pm

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

From:				To:			
(mm/dd/yyyy)	Time	am	pm	(mm/dd/yyyy)	Time	am	pm

Where did the incident occur? _____

Name of street or road: _____

Nearest intersection: _____

Describe what happened (attach additional pages if need):

How was this municipality involved?

Were you injured? ☐ Yes ☐ No

Describe any damage to your property or injuries:

Was your vehicle involved or damaged? ☐ Yes ☐ No

License plate:	Make:	Model:	Year:
Registered owner name:			
Insurance company:			
Insurance policy number:			

Witnesses and others involved:

	Name	Phone/Email	How was this person involved?
1.			
2.			
3.			

I am claiming damages in the amount of $ _____ If damages are unknown, provide an estimate if possible.

Please attach documents which support the claim's allegations.

This claim form must be signed by the claimant, a person holding a written power of attorney from claimant, an attorney for the claimant, by an attorney admitted practicing in Washington state of behalf of the claimant, or by a court-approved guardian or guardian ad litem on behalf of the claimant.

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

Printed name of person who completed the form: _____

Signature of claimant/Individual who completed the form: _____

Date and city and state: _____