



Return To:
City of Sunnyside
City Clerk's Office
818 E. Edison Avenue
Sunnyside, WA 98944
Phone: 509-836-6310

Claim for Damages Packet

If you have sustained injury or your property damaged and you believe the City of Sunnyside to be responsible, you may submit a Claim for Damages form to the City Clerk's Office at 818 E. Edison Avenue, Sunnyside, WA 98944. Please read 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

- Submitting a claim for damages does not guarantee payment by the City. An investigation will be made to determine if the City has liability. If it is determined that the City has responsibility for the injury or damage, the amount of any payment will be based on the level of your liability (if any), and the depreciated value (not replacement value) of any property damaged.
- Investigations of claims for damages are typically conducted by City personnel, Washington Cities Insurance Authority personnel or claims adjusters employed by Evergreen Adjustment Services, Inc. The length of the 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.
- If you have contacted the City in an emergency, as a public service, the Public Works crew or other City employees may have assisted you in minor clean-up. This assistance does not constitute an admission of liability on the part of the City.
- The completed form may be subject to public disclosure.

Email Claim Form and Supporting Documents to:

kemery@sunnyside-wa.gov

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

City of Sunnyside - City Clerk's Office
818 E. Edison Avenue
Sunnyside, WA 98944

Phone: 509-836-6310
Business Hours: Monday-Friday 8:00am to 5:00pm
Closed on weekends and Major Holidays



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Instructions for Completing a Standard Tort Claim Form

- Type or print clearly in ink and sign the Form. 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.
- 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.
- The following are examples on 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 (example): 234 S. 1st. Street, Sunnyside, WA.
 - 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 as well as any passengers.
 - If a claim has been submitted to your insurance carrier please provide their information.



CLAIM FOR DAMAGES FORM

All items of information must be completed in full in order to assure prompt review of your claim.
See reverse side for additional instructions and necessary information.

Mail or Deliver to: **City Clerk's Office, 818 E. Edison Avenue, Sunnyside, WA 98944 Phone: (509) 836-6310**
Email form to: kemery@sunnyside-wa.gov
Office Hours: **Monday - Friday 8:00 a.m. - 5:00 p.m. (Except Holidays)**

Name:		Birthdate:	Home Phone:
			Cell Phone:
Residential Address:		Mailing Address: <i>(if Different)</i>	
		Residential Address at the Time of the Incident: <i>(If Different)</i>	
Amount Claimed:	Incident Date & Time:		Incident Location or Street Intersection:
Has incident been reported to any City personnel? If yes, when and to whom?			
Name and phone number of any persons involved in or witness to this incident:			
Accurately describe the circumstances in which the property damage or automobile incident occurred. (Physical injury claim to be described on page 3.)			

State of _____
County of _____

I, _____, being duly sworn on oath depose and say that the above claim information is true and correct; that I am the sole owner or person entitled to reimbursement for damages and that I executed the same as my free act and deed.

Signature of Claimant - **(MUST BE SIGNED IN PRESENCE OF A NOTARY)**

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____

Notary Public

Date Filed at City Clerk's Office:	Date to WCIA / Department / HR Risk Management:
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ATTACH COPIES OF ALL DOCUMENTS IN SUPPORT OF YOUR CLAIM FOR EXPENSES			
PLEASE COMPLETE:	SECTION 1.	PAGE 2	FOR PROPERTY DAMAGE CLAIMS
	SECTION 2.	PAGE 2	FOR AUTOMOBILE DAMAGE CLAIMS
	SECTION 3.	PAGES 3 & 4	FOR PHYSICAL INJURY CLAIMS
1. PROPERTY DAMAGE			
Have you submitted a claim for damages to your insurance company? ☐ Yes ☐ No			
Owner Insurance Co. and Policy No.:			
ITEM DAMAGED	DATE ACQUIRED	COST	AMOUNT CLAIMED
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
2. AUTOMOBILE INCIDENT			
Has this incident been reported to law enforcement, safety or security personnel? If yes, when and to whom?			
Type of Auto: (Year) (Make & Model) (License Plate No.)			
Do you have estimates or copies of bills attached? ☐ Yes ☐ No			
Have you submitted a claim for damages to your insurance company? ☐ Yes ☐ No			
Owner Insurance Co. and Policy No.:			
DRIVER INFORMATION		REGISTERED OWNER INFORMATION	
Name of Driver:		Registered Owner Name:	
Driver License No:		Registered Owner Address:	
Driver Address:			
Driver Phone No.:		Registered Owner Phone No.:	
PASSENGER ONE INFORMATION		PASSENGER TWO INFORMATION	
Name :		Name:	
Address:		Address:	
Phone No.:		Phone No.:	

3. PHYSICAL INJURY CLAIMS

Date Reported:

Time Reported:

Address of Incident:

Name and phone number of any persons involved in or witness to this incident:

A. INCIDENT NARRATIVE — WHO / WHAT / WHEN / WHERE / WHY / HOW

Describe the circumstances in chronological order. Include: who was involved; what happened; date and time; exact location; what the claimant was doing immediately before the incident; how the incident occurred; contributing conditions; and what happened immediately afterward.

B. MEDICAL INFORMATION

Did claimant request or
receive medical attention?
(Check One)

Date medical
attention sought

Time medical
attention sought

Medical facility /
provider

Address / Location of
treatment

☐ Yes ☐ No

C. INDICATE AREA(S) OF INJURY

Specific injury / symptoms

Use the body map as a generic visual aid. Circle or list all affected areas, including left/right side when relevant. This is not a medical diagnosis.

Body Area	Notes	Body Area	Notes
Head / Face		Arm	
Neck		Elbow	
Shoulder		Wrist / Hand	
Upper Back		Leg	
Chest		Knee	
Abdomen		Ankle / Foot	
Lower Back		Other	
Pelvis / Hip		Other	

