





16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

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17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

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18. Please attach documents which support the claim's allegations.

19. I claim damages from the City of Bremerton in the sum of \$ \_\_\_\_\_.

The claim form must be signed by one of the following (check appropriate box).

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

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

\_\_\_\_\_  
**Signature of Claimant**

\_\_\_\_\_  
**Date and place (residential address, city and county)**

or

\_\_\_\_\_  
**Signature of Representative**

\_\_\_\_\_  
**Date and place (residential address, city and county)**

\_\_\_\_\_  
**Print Name of Representative**

\_\_\_\_\_  
**Bar Number (if applicable)**

**INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM**  
General Liability Claim

- Please be advised that improperly filed Tort Claims will be rejected.
- Before filing a Tort Claim, please read these instructions and the Tort Claim forms in their entirety.
- Type or print clearly in ink and sign the Tort Claim 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 can be easily read and understood.
- The following are examples on how to complete the Standard Tort Claim Form:
  1. Smith, Karen Michelle – 02/20/1965
  2. 1234 College Way NW, Apt. 56, Seattle WA 98178
  3. P.O. Box 910, Seattle WA 98178
  4. Same (or residence at the time of incident)
  5. (206) 123-4567 – (206) 987-6543
  6. KMSmith@hotmail.com
  7. 8/9/2010 8:00 a.m.
  8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item 8.
  9. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College, Building number 22.
  10. I-5, Southbound, Milepost 109, near the Martin Way Exit
  11. Washington State Department of Transportation, Highway
  12. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
  13. 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 11 and 12. 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 your medical records and bills.
  18. Please attach any additional documents that support your claim.
  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.