STANDARD TORT CLAIM FORM – OFM#SF210
CITY OF ABERDEEN (rev. 2009-06-23)

For Official Use Only

Pursuant to Chpt. 4.96 RCW this form is for filing a tort claim against the city of Aberdeen. Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Claims cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to: Finance Director, City of Aberdeen, 200 E. Market St., Aberdeen, WA 98520

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 for six months prior to the date 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 incident: _____ *(mm/dd/yyyy)* Time: _____ [ ] a.m. [ ] p.m. *(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: _____
(include street address and intersection if applicable)

10. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

_____

_____

_____

_____

11. Names, addresses and telephone numbers of all individuals not already identified in #10 above that have knowledge regarding the liability 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.

_____

_____

_____

_____

_____

(see reverse side- continue and complete form on back of this page)

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

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

ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY

License Plate #:_____ Driver License #: _____

Type of Auto: *(year)* _____ *(make)* _____ *(model)* _____

Driver: _____	**Owner:** _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
Passengers:	
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

14. Names, addresses and telephone numbers of treating medical providers. Attach additional sheet if necessary. Attach copies of all medical reports and billings.

_____

_____

_____

15. Please attach any additional documents which support the claim's allegations.

16. I claim damages from the city of Aberdeen in the sum of $_____.

The Claimant must sign this form unless he or she is incapacitated, a minor, or a nonresident of the state, in which case it may be signed on behalf of the Claimant by any relative, attorney, or agent representing 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)***