STANDARD TORT CLAIM FORM

General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Ruston. 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 TYPE OR PRINT IN INK

Mail or deliver original claim to:

City Clerk

Ruston City Hall

5117 N. Winnifred Street Ruston WA 98407

See RMC 1.04.013

CLAIMANT INFORMATION

1. Claimant's name:				
Last name	First	Middle	Date of birth (mm	/dd/yyyy)
2. Current residential ac	ddress:			
3. Mailing address (if di	fferent):			
4. Residential address faddress):	for six months	prior to the dat	e of the incident (if di	fferent from current
5. Claimant's daytime to	elephone numl	ber:		Business
6. Claimant's e-mail add	dress:			Dusiness
INCIDENT INFORMAT	ION			
7. Date of the incident:	(mm/dd/yyyy)	Time:	a.m	. p.m. (check one)
8. If the incident occurre	ed over a perio	od of time, date	of first and last occu	rrences:
from Time:	a.m.	p.m. to	, Time:	<u>у)</u> а.m. р.m.
9. Location of incident:				
	State and co	unty Cit	/	Place where occurred
10. If the incident occur	red on a stree	t or highway:		
Name of street	Street Address		At the intersection with or nearest intersecting street	
11. Agency or departme	ent alleged res	sponsible for da	ımage/injury:	

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12. Names addresses and telephone numb	ers of all persons involved in or witness to this
incident:	ore of all percente inverved in or without to the
13. Names, addresses and telephone numb about this incident:	ers of all City of Ruston employees having knowledge
#13 above that have knowledge regarding the	ges. Please include a brief description as to the
15. Describe the cause of the injury or dama physical or mental injuries. Attach additional	ages. Explain the extent of property loss or medical, I sheets if necessary.
16. Has this incident been reported to law er and to whom?	nforcement, safety or security personnel? If so, when
17. Names, addresses and telephone numb medical reports and billings.	ers of treating medical providers. Attach copies of all
18. Please attach documents which support	the claim's allegations.
19. I claim damages from the City of Ruston	in the sum of \$
from claimant, an attorney for the Claimant,	nant, a person holding a written power of attorney by an attorney admitted to practice in Washington t-approved guardian or guardian ad litem on behalf of
I declare under penalty of perjury und the lattrue and correct.	ws of the State of Washington that the foregoing is
Signature of Claimant Da	te and place (residential address, city and county)