

STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the City of College Place. Information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure.

For Official Use Only

PLEASE TYPE OR PRINT IN INK

Send original claim to: City of College Place
625 S College Ave
College Place, WA 99324
sdoering@cpwa.us

No.

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 the incident: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)

8. If the incident occurred over a period of time, date of first and last occurrences:
from _____ Time: _____ a.m. p.m. (check one) to _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy) *(mm/dd/yyyy)*

9. Location of incident: _____
State and county *City, if applicable* *Place where occurred*

10. If the incident occurred on a street or highway:

Name of street or highway *Milepost number* *At the intersection with or nearest intersecting street*

11. City agency or department alleged responsible for damage/injury:

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

13. Names, addresses and telephone numbers of all state employees having knowledge about this incident:

14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 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.

15. 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.

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

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

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

19. I claim damages from the City of College Place in the sum of _____.

The Claimant must sign this claim 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 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
Form SF 210 (Rev. June-04)

Date and place (residential address, city and county)