



## TORT CLAIM FORM

Mail or deliver completed original form to:

**King County Housing Authority**  
**Risk Management - Tort Claims**  
**Attn: Jill Stanton**  
**600 Andover Park W**  
**Tukwila, WA 98188**

**Business Hours:** Mon – Fri 8:00 a.m. – 4:30 p.m.  
**Closed:** Weekends and Official State Holidays.

PLEASE TYPE OR PRINT IN INK

### 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 at the time of the incident (if different from current address):  
\_\_\_\_\_
5. Claimant's daytime telephone number: \_\_\_\_\_  
*Home    Cell*
6. Claimant's email address: \_\_\_\_\_

### INCIDENT INFORMATION

7. Date of the incident: \_\_\_\_\_ 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. (check one) to \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one)
9. Location of incident: \_\_\_\_\_  
(Include as much detail as possible, including address, apartment number, or location description)

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

---

---

---

11. Names, address and telephone numbers of all King County Housing Authority employees having knowledge about this incident:

---

---

---

12. Names, address and telephone numbers of all individuals not already identified above that have additional knowledge related to this claim regarding liability and/or resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

---

---

---

13. 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.

---

---

---

14. Names, addresses and telephone numbers of treating medical providers or contractors providing repair estimates. Attach copies of all reports and billings.

---

---

---

15. Has this incident been reported to law enforcement, security, property management or any other King County Housing personnel or departments? If so, when and to whom?

---

---

---

16. Please attach documents available now which support the claim's allegations, such as photos, police reports, estimates, etc.

17. I claim damages from the King County Housing Authority in the sum of \$\_\_\_\_\_.

This Claim form must be signed by the Claimant, a person holding a written power-of-attorney from the Claimant, by the attorney-in-fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant' behalf, or by a 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, Attorney, or Guardian*

\_\_\_\_\_  
*Date and residential address, city and county*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Social Security Number (Optional)*