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.

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’s 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)