TORT CLAIM FORM

Mail or deliver completed original form to:

King County Housing Authority
Risk Management - Tort Claims
Attn: Craig Violante
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)

______________________________

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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)