

# CLAIM FOR DAMAGES FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Bothell. Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

Received Date Stamp
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## PLEASE TYPE OR PRINT IN INK

Claimant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Claimant's daytime phone number (work, home or cell): \_\_\_\_\_

Claimant's email address: \_\_\_\_\_

### Incident Information:

Claimant is claiming damage against the City of Bothell in the sum of \$ \_\_\_\_\_ arising out of the following circumstances listed below.

Date of occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location of occurrence: \_\_\_\_\_

### Description:

1. Describe occurrence explaining the nature of the defects or acts of negligence causing damages:

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(attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers:

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Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

3. Have you submitted a claim for damages to your insurance company?    \_\_\_ Yes    \_\_\_ No

If so, please provide the name of the insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

**\*\* ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY\*\***

Driver License #: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Year/Make/Model \_\_\_\_\_

**Driver:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**OWNER:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Passenger(s):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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**

\_\_\_\_\_  
**Date and place (residential address, city and county)**

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM  
City of Bothell Claim Form

Before filing a Tort Claim, please read these instructions, the Tort Claim form and other appropriate forms in their entirety.

Type or print clearly in ink and sign the Tort Claim form.

Provide all requested information and any available documents or evidence supporting your claim, such as bills, photographs, proof of ownership for property damages, receipts for property value, etc.

If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.

**CLAIM FOR DAMAGES FORMS MUST BE SERVED UPON THE CITY CLERK'S OFFICE  
OR DESIGNEE in accordance with RCW 4.96.020(2)**

The City's address is:  
18415 101<sup>st</sup> Avenue NE  
Bothell, WA 98011

Upon receipt of the Claim from the City Clerk's Office, the City Attorney's Office will handle the processing of the Claim by opening a file and forwarding a copy of the appropriate department(s) for investigation. The department(s) generally to return comments to the City Attorney's Office within 3-5 days. The City Attorney's office reviews the information and recommends either payment or denial of the claim. Finally, the file is forwarded to the City's Insurance Authority, which does an independent evaluation and either pays the claim or denies it within approximately thirty (30) days.