

**STANDARD TORT CLAIM FORM  
WALLA WALLA COUNTY**

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

For Official Use Only

**PLEASE TYPE OR PRINT IN INK**

No.

**Mail or deliver original claim to:** Walla Walla County Commissioners' Office  
Attention: Diane L. Harris Clerk of the Board, as Agent  
P. O. Box 1506 (mail)  
314 West Main, County Public Health and Legislative Building, Room 203 (physical)  
Walla Walla, WA 99362  
(Hours: 9am to 5pm, closed noon to 1pm)

**CLAIMANT INFORMATION**

1. Claimant's name:

\_\_\_\_\_  
*Last name First Middle Date of birth (month, day, year)*

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 Business*

6. Claimant's e-mail address: \_\_\_\_\_

**INCIDENT INFORMATION**

7. Date of the incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. (circle one)  
*Month Day Year*

8. If the incident occurred over a period of time, date of first and last occurrences:  
from \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ a.m./p.m. (circle one) to \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_ a.m./p.m. (circle one)  
*Mo Day Year Mo Day Year*

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

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

\_\_\_\_\_  
*Name of road, street or highway Milepost number At the intersection with or nearest intersecting street*

11. County department or office alleged responsible for damage/injury:  
\_\_\_\_\_



**SIGNATURE AND VERIFICATION OF 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)**

Or

\_\_\_\_\_  
**Signature of Claimant's Attorney in Fact  
(Must be accompanied by written power of attorney)**

\_\_\_\_\_  
**Date of signing**

Or

\_\_\_\_\_  
**Signature of Claimant's Attorney  
(Must be admitted in Washington)**

\_\_\_\_\_  
**Date of signing**

Or

\_\_\_\_\_  
**Signature of Claimant's Guardian  
(Must be Court Approved Guardian or Guardian ad Litem)**

\_\_\_\_\_  
**Date of signing**

## INSTRUCTIONS FOR COMPLETING A STANDARD TORT 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 medical records or bills for personal injuries, 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.
- The following are examples on how to complete the Standard Tort Claim Form:
  1. Smith, Karen Michelle
  2. 1234 College Way NW, Apt. 56, Walla Walla, WA 99362
  3. PO Box 910, College Place, WA 99324
  4. Same (or residence at the time of incident)
  5. 509/123-4567
  6. [ann@abc.net](mailto:ann@abc.net)
  7. 8:00 a.m., August 9, 2009
  8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item 7
  9. Washington, Walla Walla County, Waitsburg, WA, corner of Fifth and Main
  10. (Provide road, street or highway, milepost, and intersection information, if applicable)
  11. Operator of Juvenile Justice Center vehicle
  12. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, College Place, WA 99324 (509) 456-7890;  
Tow Truck Driver, ABC Towing
  13. Unknown
  14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 11 and 12. Also include a description of their knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
  15. Please provide all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
  16. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
  17. If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
  18. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.
- If you are filing a personal injury claim, please sign and attach the Medical Release.
- If your claim involves a motor vehicle accident, please complete, sign, and attach the vehicle collision form.