



TORT CLAIM FORM

Mail or deliver completed original form to:

Sedro-Woolley 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.

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 site personnel 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 site 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 Sedro-Woolley 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)