

SULTAN CITY COUNCIL

AGENDA ITEM COVER SHEET

ITEM NO: Action A 1

DATE: July 23, 2009

SUBJECT: Ordinance 1055-09 Amendments to Chapter 3.30

CONTACT PERSON: Laura Koenig, Clerk/Deputy Finance Director 

ISSUE:

The issue before the City Council is the introduction of Ordinance 1055-09 to amend Title 3.30, Claims Against the City. This is a part of the code scrub project for SMC Title 3 and required under ESHB 1553 approved by the State with an implementation date of July 31, 2009.

SUMMARY:

RCW 4.92 and 4.96 provide for a process for claims against governmental units. During the last legislative session amendments were made to the RCW under ESHB 1553. ESHB 1553 was passed and signed into law with an effective date for implementation of July 31, 2009.

The method of service for a claim has been changed to allow the Claim Form to be delivered to the designated agent by regular mail, or certified mail, with return receipt requested, or can be hand delivered to the office the designated agent. Prior to this action, a claimant was required to present a claim in writing to the designated agent.

An additional change is the requirement for all local governmental entities to make available (along with instructions and use the standard tort claim form published by the office of financial management unless it adopts its own form that meets the requirements of the act. Staff would recommend using the forms and instructions developed by OFM (Attachment D).

DISCUSSION:

The following changes were made to SMC 3.30:

1. 3.30.010 Filing: changed to comply with the new requirements
2. 3.30.020 Contents: a claimant does not have to provide their address for the prior 6 months under the revised law.
3. 3.30.070 Manner of processing: claims are now referred to the insurance carrier for processing.
4. 3.30.100 Claim Fund: the city does not have an insurance claim fund. This section has been deleted.

5. Housekeeping item: The city is required to have a designated agent to accept claims. The reference to the clerk/treasurer have been changed to designated agent.

STAFF RECOMMENDATION:

Introduce Ordinance 1055-09 amending Title 3.30 for a first reading and pass it on to a second reading.

- Attachments:
- A. Ordinance 1055--09 Claims Against the City
 - B. Information from CIAW
 - C. Sample forms from OFM

CITY OF SULTAN
WASHINGTON
ORDINANCE NO. 1055-09

AN ORDINANCE OF THE CITY OF SULTAN,
WASHINGTON, AMENDING SMC 3.30 REGARDING
CLAIMS AGAINST THE CITY; PROVIDING FOR
SEVERABILITY; AND ESTABLISHING AN EFFECTIVE
DATE

WHEREAS, the ESHB 1553 requires to the city to amend the process for acceptance and processing of claims against the city;

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF SULTAN, WASHINGTON, DO ORDAIN AS FOLLOWS:

Section 1. Sultan Municipal Code 3.30 is hereby amended to read as follows:

Chapter 3.30
CLAIMS AGAINST THE CITY

Sections:

- 3.30.010 Filing.
- 3.30.020 Contents of claim – Filing on behalf of claimant.
- 3.30.030 Bar to action.
- 3.30.040 Action maintained.
- 3.30.050 Duties of city clerk/treasurer.
- 3.30.060 Duties of city attorney.
- 3.30.070 Manner of processing claims.
- 3.30.080 Defense of city officers and employees.
- 3.30.090 Recovery of losses.
- 3.30.100 Establishment of insurance claims fund.
- 3.30.110 Authority for payment.
- 3.30.120 Invalid claim – Action prohibited.

3.30.010 Filing.

All claims for damages or injuries against the city arising out of tortious conduct shall be deemed presented when the claim form is delivered in person or is received by the agent by regular mail, registered mail, or certified mail, with return receipt requested, to the agent or other person designated to accept delivery at the agent's office. in writing and filed with the clerk/treasurer of the city.

3.30.020 Contents of claim – Filing on behalf of claimant.

A. All claims for damages or injuries against the city provided for in SMC 3.30.010 shall accurately state the time, place, source, nature and extent of the alleged damages or injuries, and give the actual residence of the claimant by street and number at the date of presenting such claim ~~and for six months immediately prior to the time such claims for damages occurred~~ and shall be verified by affidavit of the claimant, or such other person, as may be authorized by law to verify such claims to the effect that the same is true.

B. If the claimant is incapacitated from verifying and filing his claim for damages within the time prescribed, or if the claimant is a minor, in case the claim is for damages to real or personal property, and if the owner of such property is a nonresident of such city or is absent therefrom during the time within which a claim for damages to said property is required to be filed, then the claim may be verified and presented on behalf of the claimant by any relative or attorney or agency representing the injured person, or in case of damages to property, representing the owner thereof.

3.30.030 Bar to action.

The omission to present any claim for damages or injuries against the city in the manner or within the time this chapter provides shall be a bar to any action against the city therefor. (Ord. 475, 1986)

3.30.040 Action maintained.

No action shall be maintained against the city for any claim for damage or injuries until presentation and filing of such claim to the city clerk/treasurer of Sultan.

3.30.050 Duties of ~~city clerk/treasurer~~ Designated Agent.

Upon presentation of any claim for damages or injuries against the city, the ~~clerk/treasurer~~ designated agent shall indelibly mark on such claim the date of receipt and shall forthwith deliver a true and complete copy of said claim to the city attorney.

3.30.060 Duties of city attorney.

The law department shall promptly examine all claims for damages or injuries against the city submitted to him by the ~~clerk/treasurer~~ designated agent of the city. The law department is authorized to conduct such investigation into the facts, circumstances and law relative to any claim for damages or injuries against the city as he, in the exercise of his discretion, may deem necessary. Such investigations may be conducted by the risk manager or claims investigators under the city attorney's directions.

3.30.070 Manner of processing claims.

The ~~law designated agent~~ department shall process claims for damages or injuries in accordance with the City's insurance policy and refer all claims to the insurance company the following manner: Claims not covered by the insurance policy, shall be referred to the City Attorney for processing.

~~A. Claims for damages or injuries up to \$1,000 shall be allowed, disallowed or otherwise settled by a finance committee consisting of two members of the city council, the city attorney and the risk manager, and the department head from the city department from which the claim arises.~~

~~B. All claims exceeding \$1,000 which have been reviewed by the city attorney shall be submitted to the city council for their approval, disapproval or settlement.~~

~~C. The risk manager, city attorney or the finance committee may, in their discretion, refer any claim to the city council.~~

3.30.080 Defense of city officers and employees.

A. Purpose. The purpose of this section is to protect city officers, employees and their marital communities from personal liability for acts committed by such officers and employees within the scope of their official city duties.

B. Determinations of Scope and Status. The city attorney shall determine any and all questions relating to the following issues:

1. Whether acts performed by a city officer or employee were within the scope of that person's official city duties; and

2. Whether for purposes of the issues raised by a claims lawsuit, a particular person is in fact, a city officer or employee.

C. Responsibility for Defense. Where a city officer, employee, or the marital community of such officer or employee is sued in a claims lawsuit for an act or alleged act falling within the scope of the officer's or employee's official duties, the city attorney shall be responsible for defense of that person or community in accordance with the procedure specified within this title.

D. Exclusions. This section shall not apply where a claims lawsuit is covered by insurance or where a claims lawsuit arises out of a city officer's or employee's use of his personal vehicle.

E. Possible Conflicts. Where a possible conflict exists between the city and a city official or employee acting within the scope of his or her official duties, and where both are named as parties in the same claims lawsuit, the city attorney may decline to represent that person and his or her marital community. In such cases where the city attorney declines representation, the city shall be responsible for payment of reasonable attorney's fees and costs incurred in the defense of the city officer or employee.

3.30.090 Recovery of losses.

A. Actions for Recovery. The city attorney may be responsible for bringing all actions, including claims and lawsuits, for recovery of the losses to the city arising out of the acts of others. Such losses may include property damages or losses which impact on the city as a result of personal injuries to city officers or employees. In addition, the city attorney may join the city of Sultan as a party with any third party in a lawsuit involving recovery of loss to the city of Sultan.

B. Allocation of Recoveries. Any moneys recovered by the city attorney on account of losses to the city shall be paid to the departmental fund which has expended funds and/or materials as a result of the loss. Any moneys in excess of those so expended shall be transferred to the insurance claims fund.

~~3.30.100 Establishment of insurance claims fund.~~

~~There is established a fund to be known as the insurance claims fund for which funds will be put into reserve for the purpose of paying claims for damages or injuries against the city not otherwise covered by city insurance or ordinances of the city.~~

3.30.110 Authority for payment.

Approval or settlement according to SMC 3.30.070 shall be approved for payment by the ~~city clerk/treasurer~~ designated agent.

3.30.120 Invalid claim – Action prohibited.

Neither the city council nor any department or officer or authority shall allow, make valid or in any manner recognize any demand against the city which was not at the time of its creation a valid claim against the city; nor shall they, or any of them, allow or authorize to be paid any demands which without such action would be invalid or which shall have been barred by any statute of limitations or for which the city was never liable; and any such action shall be null and void.

Section 2. Severability. Should any section, paragraph, sentence, clause or phrase of this Ordinance, or its application to any person or circumstance, be declared unconstitutional or otherwise invalid for any reason, or should any portion of this Ordinance be pre-empted by state or federal law or regulation, such decision or pre-emption shall not affect the validity of the remaining portions of this Ordinance or its application to other persons or circumstances.

Section 3. Effective Date. This Ordinance shall be published in the official newspaper of the City, and shall take effect and be in full force five (5) days after the date of publication.

ADOPTED BY THE CITY COUNCIL AT A REGULAR MEETING THEREOF ON THE _____ DAY OF _____, 2008.

CITY OF SULTAN

Carolyn Eslick, Mayor

ATTEST/AUTHENTICATED:

Laura Koenig, City Clerk

Approved as to form:

Margaret J. King, City Attorney



*** Risk Alert ***

July 2009



www.ciaw.us

LEGISLATIVE UPDATE



Chapter 4.92 RCW

Actions and claims against state

Chapter 4.96 RCW

Actions against political subdivisions, municipal and quasi-municipal corporations.



The old adage that “no man’s life, liberty or property are safe as long as the legislature is in session” was again proven true when the legislature amended the Notice of Claims statute RCW 4.92 and 4.96. This risk alert addresses the changes that will affect our cities, counties, school districts and special districts due to the passage of ESHB 1553.

There are several changes to the claims procedure that you need to implement by the end of July.

Method of Service

The Claim Form can be now delivered to the designated agent by regular mail, or certified mail, with return receipt requested, or can be hand delivered to the office of the designated agent.

Adoption of Claim Form

Another change is the requirement that all local governmental entities must make available (along with instructions) and start using the standard tort claim form published by the office of financial management unless it adopts its own form which must meet certain requirements of the act discussed later.

If you elect to use the standard form, you can obtain a copy from the OFM website at www.ofm.wa.gov/rmd/tort/default.asp. The form and instructions to complete the form are on line. Before you use the OFM form we recommend you are satisfied it is a current edition dated after adoption of this legislation. The form has to be signed by one of the following persons: the claimant, a person with a power of attorney for the claimant, the claimants’ attorney or a court appointed guardian or guardian ad litem.

- To Obtain A Sample form: www.OFM.wa.gov
- ESHB 1553-Effective 7/26/2009
- Reference RCW 4.92 & 4.96
- Contact Canfield & Associates for sample form

On-site Training:

Did you know that Canfield & Associates offers free on-site workshops? Visit www.canfield-associates.com for more details

Elements of Claim Form

The amendments do permit a local government entity to establish its own claim form but if you do the claim form it must meet the following requirements:

1. It shall require the claimants name, date of birth and contact information.
2. It shall require a description of the conduct and circumstances that brought about the injury or damages.
3. It shall require a description of the injury and damages.
4. It shall require a statement of the time and place that the injury or damages occurred.
5. It shall require a listing of the names of all persons involved and contact information of those persons, if known.
6. It shall require a statement of the amount of damages claimed.
7. It shall require a statement of the actual residence of the claimant at the time of the presentation of the claim.

You may request other relevant information but you cannot request the claimants social security number. The form must also include instructions on how to present the form and the name address and business hours of the agent appointed to receive the form. If your claim form does not comply with these requirements then you waive any defense to the claim based on an untimely filing of the notice of claim.

Remember that the claimant can file a claim using your form or the standard tort claim form issued by OFM.

The amount of the claim for damages set forth on the claim form is not admissible at trial. This is a new provision and eliminates the argument that the claimant cannot ask for more money at trial then they sought in the claim.

Additional Information

Another major change is the time for filing. Under the old statute the plaintiff had to file the claim and then wait 60 days before filing suit. If the claim was filed on the last date of the statute of limitations then the claimant had to file suit on the 61st day to avoid a statute of limitations defense. Under the amended statute the claimant has to wait for sixty calendar days before filing suit. However, the claimant is given an additional five (5) court business days after the sixty days to file suit.

Finally, the statute only requires substantial compliance instead of strict compliance which gives the court some wiggle room to permit a claim even if the claim form is filled out or signed incorrectly.

Available For You

Our Risk Management department has developed a claim form to be used by local entities along with an appropriate instruction form.

For more information contact our Risk Management Department and speak with Michelle Moss.

As always we encourage you to consult your own legal counsel if you have questions or concerns.

FINAL BILL REPORT

ESHB 1553

C 433 L 09

Synopsis as Enacted

Brief Description: Addressing claims for damages against the state and local governmental entities.

Sponsors: House Committee on Judiciary (originally sponsored by Representatives Takko, Goodman, Williams, Hurst, Pedersen and Campbell).

House Committee on Judiciary

Senate Committee on Government Operations & Elections

Background:

A person may not commence a tort claim in court against either the state or a local government until the claimant complies with certain notice requirements established in statute, called the "claim filing statute." One of the purposes of the claim filing statute is to allow local governments time to investigate, evaluate, and settle claims prior to the instigation of a civil proceeding.

A tort claim against the state must be presented to and filed with the Risk Management Division of the Office of Financial Management (OFM). A tort claim against a local governmental entity must be presented to an agent designated by the local governmental entity to receive the claims.

The claim must accurately describe the injury or damages, the conduct or circumstances that brought about the injury or damage, the names of all persons involved, and the amount of damages claimed. A claimant may not commence a civil tort action against the state, or against a local governmental entity, until 60 days after the claim is filed. The statute of limitations for the claim is tolled during this 60-day period.

The claimant is required to verify, present, and file the claim with the state or local government. However, if the claimant is incapacitated, is a minor, or is a nonresident of the state who is absent when the claim is required to be filed, the claim may be verified, presented, and filed by any relative, attorney, or agent representing the claimant.

Substantial compliance with respect to the contents of the claim is sufficient. The claim filing statute for the state specifically provides that with respect to the content, the statute

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

should be liberally construed so that substantial compliance is sufficient. However, the courts have generally required strict compliance with the procedural requirements of the claim filing statute and failure to strictly comply leads to dismissal of the action.

Procedures for filing claims for injuries resulting from health care are governed under a separate chapter of the Revised Code of Washington.

Summary:

Claims against the state must be presented on a standard tort claim form. The form must be maintained by the OFM and put on its website. Claims against local governments may be presented on either the standard tort claim form or a form provided by the local government. Local governments and the state must make the standard form available with instructions on how the form is to be presented along with the name, address, and business hours of the agent authorized to receive the claim. The claim form must not list the claimant's social security number and may not require information that is not specified in the statute. The amount of damages stated on the claim form is not admissible at trial.

For claims against local governments, a claim is deemed presented when the form is delivered in person or received by the agent, by regular mail, registered mail, or by certified mail, with return receipt requested. For claims against the state, presentation of the claim is accomplished by service upon the agent or by registered mail.

For claims against local governments, if the claim form fails to seek the information specified in the statute or incorrectly lists the agent to whom the claim is to be filed, the local government is deemed to have waived any defense related to the failure to provide that specific information or to file with the proper agent.

The claimant does not have to provide his or her residential address six months prior to the time the claim arose, but must state his or her actual residence at the time the claim arose. The claim must be signed either by the claimant (who must also verify the claim), by the claimant's attorney-in-fact under a power of attorney, by an attorney licensed to practice in Washington, or by a court-approved guardian or guardian ad litem on behalf of the claimant.

An action commenced within five court days after the 60-calendar-day period has elapsed will be deemed to have been presented on the first day after the 60-calendar-day period.

The claim filing statutes do not apply to claims based on injuries from health care. The procedures established under the medical malpractice statutes apply to those claims.

The claim filing statutes are to be liberally construed with respect to the procedural requirements of the statute and substantial compliance will be deemed satisfactory.

Votes on Final Passage:

House	96	0	
Senate	39	9	(Senate amended)
Senate	35	12	(Senate amended)

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM
General Liability Claim Form #SF 210

- 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 Tort Claim Form #SF 210:
 1. Smith, Karen Michelle
 2. 1234 College Way NW, Apt. 56, Seattle WA 98178
 3. PO Box 910, Seattle WA 98178
 4. Same (or residence at the time of incident)
 5. (206) 123-4567
 6. 8:00 a.m., August 9, 2004
 7. 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.
 8. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College, Building number 22.
 9. I-5, Southbound, Milepost 109, near the Martin Way Exit
 10. Washington State Department of Transportation, Highway
 11. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
 12. Unknown
 13. 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.
 14. 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.
 15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
 16. 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.
 17. 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 accident form.

STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

For Official Use Only

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the State of Washington. Information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Claims involving accidents with vehicles operated by state employees should be filed on a Standard Vehicle Accident Claim Form (#SF 138), not this form. Claim forms cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

No.

Mail or deliver original claim to:

Office of Financial Management
Risk Management Division
300 General Administration Building
Post Office Box 41027, MS: 41027
Olympia, Washington 98504-1027
Business Hours: Mon. - Fri. 8:00 a.m. - 5:00 p.m.
Closed on 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 for on/at the date 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. (check one)
(mm/dd/yyyy)

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)
(mm/dd/yyyy) *(mm/dd/yyyy)*

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

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

Name of street or highway *Milepost number* *At the intersection with or nearest intersecting street*

11. State agency or department alleged responsible for damage/injury:

12. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

13. Names, addresses and telephone numbers of all state employees having knowledge about this incident:

14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

15. 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.

16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

18. Please attach documents which support the claim's allegations.

19. I claim damages from the State of Washington 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
Form SF 210 (Rev. July 1, 2009)

Date and place (residential address, city and county)

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM
General Liability Claim Form #SF 210

- 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 Tort Claim Form #SF 210:
 1. Smith, Karen Michelle
 2. 1234 College Way NW, Apt. 56, Seattle WA 98178
 3. PO Box 910, Seattle WA 98178
 4. Same (or residence at the time of incident)
 5. (206) 123-4567
 6. 8:00 a.m., August 9, 2004
 7. 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.
 8. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College, Building number 22.
 9. I-5, Southbound, Milepost 109, near the Martin Way Exit
 10. Washington State Department of Transportation, Highway
 11. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
 12. Unknown
 13. 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.
 14. 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.
 15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
 16. 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.
 17. 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 accident form.

STANDARD VEHICLE ACCIDENT TORT CLAIM FORM

C-7

For Official Use Only

Pursuant to RCW 4.92, this form is provided for your convenience when filing a tort claim against the State of Washington involving an accident with a vehicle being operated by a state employee.

**Office of Financial Management
Risk Management Division
300 General Administration Building
Post Office Box 41027, MS: 41027
Olympia, Washington 98504-1027**

Mail or deliver original claim in duplicate to:

This Claim Form cannot be submitted electronically (via e-mail or fax)

CLAIMANT AND INCIDENT INFORMATION	CLAIMANT'S NAME (A SEPARATE FORM MUST BE COMPLETED FOR EACH CLAIMANT)				DATE OF ACCIDENT (mm/dd/yyyy)		TIME AM <input type="checkbox"/> PM <input type="checkbox"/>			
	CURRENT STREET (RESIDENCE) ADDRESS			CITY	STATE	ZIP	PHONE	HOME WORK		
	(RESIDENCE) STREET ADDRESS FOR SIX MONTHS PRIOR TO THE ACCIDENT			CITY	STATE	ZIP	EMAIL			
	State/County/City (if applicable) where occurred		STREET OR HWY	MILEPOST NO.	INTERSECTION OR NEAREST STREET/ROAD					
YOUR VEHICLE INFORMATION (VEHICLE #1)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	WHERE CAN CAR BE SEEN?		WHEN?			
	NAME OF VEHICLE OWNER			ADDRESS	CITY	HOME AND WORK PHONE				
	NAME OF DRIVER			ADDRESS	CITY	HOME AND WORK PHONE				
	DRIVER'S LICENSE NUMBER			STATE OF ISSUANCE	DATE OF EXPIRATION					
	DESCRIBE DAMAGE				ESTIMATE \$	YOUR INSURANCE COMPANY AND POLICY NO.				
OTHER VEHICLE INFORMATION (VEHICLE #2)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE AGENCY, IF KNOWN					
	NAME OF OWNER			ADDRESS	CITY	PHONE				
	NAME OF DRIVER			ADDRESS	CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.									
OTHER NON-VEHICLE DAMAGE	NAME OF OWNER			ADDRESS	CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.									
INJURED PARTIES	NAME	ADDRESS	PHONE	INJURY	AGE	VEH 1	VEH 2	VEH 3	PED	OTH
		HOME WORK								
		HOME WORK								
		HOME WORK								
		HOME WORK								
		HOME WORK								
WITNESSES	NAME (ATTACH ADDITIONAL SHEETS IF NECESSARY)			ADDRESS	CITY	PHONE				
							HOME WORK			
							HOME WORK			
							HOME WORK			

COMPLETE ALL DETAILS

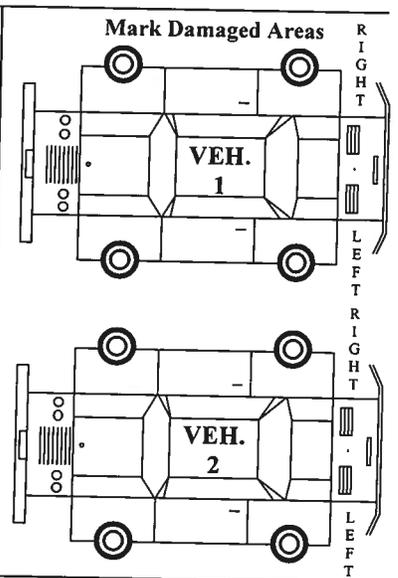
Describe conduct and circumstances causing injury or damages and explain the extent of medical, physical or mental injuries. Please identify name, address, and telephone number of treating physicians and other medical providers. Please attach property damage estimates and/or all medical bills in support of your claim. If necessary, attach additional pages containing information in this format.

<input type="checkbox"/> Straight Road	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> One Lane
<input type="checkbox"/> Curve - R or L	<input type="checkbox"/> Uphill	<input type="checkbox"/> One and One-Half Lane
<input type="checkbox"/> Level	<input type="checkbox"/> Downhill	<input type="checkbox"/> Two Lane or Four Lane

Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.

IMPORTANT
If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.

Indicate points of compass
N. E. S. W.



LIGHT CONDITIONS (CHECK ONE)	TRAFFIC CONTROL	TYPE OF ROAD (CHECK ONE OR MORE)	VEHICLE CONDITION (CHECK ONE OR MORE)	ROAD SURFACE (CHECK ONE)	WEATHER (CHECK ONE)
1 <input type="checkbox"/> DAYLIGHT	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> SIGNALS	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> ONE WAY	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DEFECTIVE BRAKES	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DRY	1 <input type="checkbox"/> CLEAR, CLOUDY & OVERCAST
2 <input type="checkbox"/> DAWN	<input type="checkbox"/> 2 <input type="checkbox"/> STOP SIGN	<input type="checkbox"/> 2 <input type="checkbox"/> TWO WAY	<input type="checkbox"/> 2 <input type="checkbox"/> DEFECTIVE HEADLIGHTS	<input type="checkbox"/> 2 <input type="checkbox"/> WET	2 <input type="checkbox"/> RAINING
3 <input type="checkbox"/> DUSK	<input type="checkbox"/> 3 <input type="checkbox"/> FLASHING RED	<input type="checkbox"/> 3 <input type="checkbox"/> REVERSIBLE ROAD	<input type="checkbox"/> 3 <input type="checkbox"/> DEFECTIVE REAR LIGHTS	<input type="checkbox"/> 3 <input type="checkbox"/> SNOW	3 <input type="checkbox"/> SNOWING
4 <input type="checkbox"/> DARK STREET LIGHTS ON	<input type="checkbox"/> 4 <input type="checkbox"/> FLASHING AMBER	<input type="checkbox"/> 4 <input type="checkbox"/> INTER-CHANGE LOOP RAMP	<input type="checkbox"/> 4 <input type="checkbox"/> TIRES WORN	<input type="checkbox"/> 4 <input type="checkbox"/> ICE	4 <input type="checkbox"/> FOG
5 <input type="checkbox"/> DARK STREET LIGHTS OFF	<input type="checkbox"/> 5 <input type="checkbox"/> RR SIGNAL	<input type="checkbox"/> 5 <input type="checkbox"/> ALLEY	<input type="checkbox"/> 5 <input type="checkbox"/> PUNCTURED OR BLOWN TIRES	<input type="checkbox"/> 5 <input type="checkbox"/> OTHER (SPECIFY)	5 <input type="checkbox"/> OTHER (SPECIFY)
6 <input type="checkbox"/> DARK NO STREET LIGHT	<input type="checkbox"/> 6 <input type="checkbox"/> OFFICER/FLAGMAN	<input type="checkbox"/> 6 <input type="checkbox"/> TWO WAY-LEFT TURN LANES	<input type="checkbox"/> 6 <input type="checkbox"/> OTHER (SPECIFY)		
7 <input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> 7 <input type="checkbox"/> YIELD SIGN	<input type="checkbox"/> 1 <input type="checkbox"/> SEPARATED			
	<input type="checkbox"/> 8 <input type="checkbox"/> NO TRAFFIC CONTROL	<input type="checkbox"/> 2 <input type="checkbox"/> DIVIDED			
	<input type="checkbox"/> 9 <input type="checkbox"/> OTHER	<input type="checkbox"/> 3 <input type="checkbox"/> UNDIVIDED			
				NAME OF INVESTIGATING POLICE AGENCY: _____	
				INVESTIGATING AGENCY REPORT NO. _____	

I do hereby claim damages from the State of Washington in the sum of \$ _____.

A separate claim form should be submitted for each claimant. The Claimant must sign this claim form unless he or she is incapacitated, a minor, or a nonresident of the state, in which case it may be signed on behalf of the Claimant by any relative, attorney, or agent representing 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)