Please read all the information contained in the packet prior to completing and submitting your Claim for Damages.

**Documents Contained in the Packet**

- Instructions for Completing the Standard Tort Claim Form
- Standard Tort Claim Form

**Legal Requirements for Submitting a Claim Form**

To verify the claim and additional supporting information, the law requires that the Standard Tort Claim form be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney in fact for the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant’s behalf; or
- A court-approved guardian or guardian ad litem on behalf of the Claimant

**Important**

- State law requires an original signature on the form which means that they cannot be submitted electronically (by fax or email). While not required by law, we ask that the form be notarized which can be accomplished at our office at the time of submission.
- The length of the Claim for Damages investigation varies greatly depending on the complexity of the issues and the availability of evidence to support the claim. All relevant information and documents should be provided for consideration.
- The completed form may be subject to public disclosure.

**PRESENT IN PERSON OR MAIL THE CLAIM FORM AND SUPPORTING DOCUMENTS TO:**

Kitsap Transit  
Attn. Clerk of the Board  
60 Washington Avenue, Suite 200  
Bremerton, WA 98337

Business hours: Monday – Friday, 8:00 am – 4:00 pm  
Closed on weekends and official holidays
Instructions for Completing and Standard Tort Claim Form

- 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 damage estimates, receipts, bills, photographs, etc.
- If requested information cannot be supplied in the space provided, please use additional blank sheets

How to complete the Standard Tort Claim Form:

- If the incident that caused the damages occurred over a period of time, please provide the beginning time and ending time
- Provide the dollar amount for your damages that should represent your opinion of total compensation
- Location should be specific. Example: 123 Andover Park E.
- Please describe the incident that you are claiming damages for specifically answering the questions: who, what, where, when and why
- List all witnesses having knowledge of the incident in question with their names, addresses and phone numbers
- If the incident was reported to law enforcement please provide a copy of the report or the contact information for the report
- If you are claiming damages to an automobile please complete information regarding the driver and owner of the vehicle
- If a claim has been submitted to your insurance carrier, please provide their information
Kitsap Transit
STANDARD TORT CLAIM FORM
General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against Kitsap Transit. Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax)

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to: Kitsap Transit
Attn. Clerk of the Board
60 Washington Avenue, Suite 200
Bremerton, WA 98337

CLAIMANT INFORMATION

1. CLAIMANT'S NAME:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

2. INMATE DOC NUMBER (if applicable): ____________________________________________________________

3. CURRENT RESIDENTIAL ADDRESS: ____________________________________________________________

4. MAILING ADDRESS (if different): ____________________________________________________________

5. RESIDENTIAL ADDRESS AT THE TIME OF INCIDENT (if different from current address):
   ________________________________________________________________________________________

6. CLAIMANT'S DAYTIME TELEPHONE: (   )__________________________ (   )__________________________
   Home                          Business/Cell

7. CLAIMANT'S E-MAIL ADDRESS: ____________________________________________________________

INCIDENT INFORMATION

8. DATE OF INCIDENT: __________/_________/__________
   Month    Day    Year

9. TIME OF INCIDENT: ____________ A.M. / P.M. (circle one)
10. IF THE INCIDENT OCCURRED OVER A PERIOD OF TIME, DATE OF FIRST AND LAST OCCURRENCES:

FROM: _______________________ (MM/DD/YYYY) TIME: ______________ A.M. / P.M. (circle one)

TO: _________________________ (MM/DD/YYYY) TIME: ______________ A.M. / P.M. (circle one)

11. LOCATION OF INCIDENT (address, city, county):

___________________________________________________________________________________

___________________________________________________________________________________

12. IF THE INCIDENT OCCURRED ON A STREET OR HIGHWAY:

<table>
<thead>
<tr>
<th>Name of Street or Highway</th>
<th>Milepost Number</th>
<th>At the intersection with or nearest intersecting street</th>
</tr>
</thead>
</table>

13. TRANSIT AGENCY ALLEGED RESPONSIBLE FOR DAMAGES/INJURY: _________________________________

14. NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS INVOLVED IN, OR WITNESS TO, THIS INCIDENT:

___________________________________________________________________________________

___________________________________________________________________________________

15. NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL TRANSIT EMPLOYEES HAVING KNOWLEDGE ABOUT THIS INCIDENT:

___________________________________________________________________________________

___________________________________________________________________________________

16. NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL INDIVIDUALS NOT ALREADY IDENTIFIED IN #14 AND #15 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. ATTACHED ADDITIONAL SHEETS IF NECESSARY.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

17. 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):

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________
18. HAS THIS INCIDENT BEEN REPORTED TO LAW ENFORCEMENT, SAFETY, OR SECURITY PERSONNEL? IF SO, WHEN AND TO WHOM? PLEASE ATTACH A COPY OF THE REPORT OF CONTACT INFORMATION.

__________________________________________________________________________________

19. NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF TREATING MEDICAL PROVIDERS. PLEASE ATTACH COPIES OF MEDICAL REPORTS AND BILLINGS:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

20. PLEASE ATTACH DOCUMENTS WHICH SUPPORT THE ALLEGATIONS OF YOUR CLAIM.

21. I / WE CLAIM DAMAGES FROM __________ 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 LITERN 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)

OR

_________________________________________  ______________________________
Signature of Representative               Date and Place (residential address, city, and county)

_________________________________________  ______________________________
Print Name of Representative              Bar Number (if applicable)
FOR TRANSIT USE ONLY

Date Submitted: ____________________

Distribution: [ ] WSTIP [ ] Executive Director [ ] Responsible Department _________

Distributed via: [ ] Mail [ ] E-mail [ ] Interoffice Mail Date of Distribution ________