

COWLITZ COUNTY TORT CLAIM FORM
General Liability Claim Form

Pursuant to Chapter 4.96, this form is to be used to file a tort claim against Cowlitz County. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to the new law, Tort Claim forms cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to: Clerk of the Board of County Commissioners
Cowlitz County
County Administration Building, Room 305
207 North 4th Avenue
Kelso, WA 98626

Business Hours: Monday – Friday 8:30 a.m. – 5:00 p.m.
Closed weekends and legal 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 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 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)
(mm/dd/yyyy)
To: _____ Time: _____ a.m. p.m. (check one)
(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. County 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 County employees having knowledge about this incident: _____

14. Names, addresses and telephone numbers of all individuals not already identified in #12 or #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.

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

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 Cowlitz County, Washington in the sum of \$_____.

This claim form must be signed by the Claimant, by the attorney-in-fact for the Claimant holding a written power of attorney from 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)