



## **TORT CLAIM FORM**

Please carefully read all of the information in this document before completing and presenting your claim form.

### **Legal Requirements for Presenting a Tort Claim Form**

In order to verify the claim and supporting information, the law requires that the Tort Claim Form be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant's behalf; or
- Court-approved guardian or guardian ad litem on behalf of the Claimant.

### **Present in Person or Mail the Claim Form and Supporting Documents to:**

Risk Administrator/Chief Financial Officer  
Port of Bremerton  
8850 SW State Highway 3  
Bremerton, WA 98312

Business Hours: Monday through Friday 8:00 a.m. to 5:00 p.m., closed on weekends and holidays.

A claim is 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 designated above. Pursuant to law, this form cannot be submitted electronically (via email or fax).

### **Instructions for Completing the Tort Claim Form**

- Type or print clearly in ink and sign the Tort Claim Form.
- If the requested information cannot be supplied in the space provided, please use additional pages to complete the Tort Claim Form.
- If the incident that caused the damages occurred over a period of time, please provide the beginning and ending dates.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records, bills for personal injuries, photographs, proof of ownership for property damage, repair receipts, wage loss information and other documents as appropriate.
- It is to your advantage to present with your claim all relevant supporting documents. All documents may be subject to Washington State Public Disclosure statutes.



## TORT CLAIM FORM

Mail or deliver original form to: Risk Administrator/Chief Financial Officer  
Port of Bremerton  
8850 SW State Highway 3  
Bremerton, WA 98312

### CLAIMANT INFORMATION

Claimant's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Residential Address at Time of Incident: \_\_\_\_\_

Telephone Number(s): Home/Cell \_\_\_\_\_ Business \_\_\_\_\_

Email Address: \_\_\_\_\_

### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident: \_\_\_\_\_

**Description of the conduct or circumstances that brought about the injury or damage and why you feel the Port of Bremerton is responsible for the incident:**

**Description of injury and/or damage:**

**Names, addresses and telephone numbers of all persons involved in or witness to this incident and of all Port of Bremerton employees having knowledge of this incident:**

**Names, addresses and telephone numbers of all individuals not already identified that have knowledge regarding the liability issues involved in this incident or knowledge of claimant's damages. Please include a brief description of the nature and extent of each individual's knowledge.**

**Was the incident reported to law enforcement, Port of Bremerton or other personnel? If so, when and to whom. Please include the Police department case number and/or copy of report.**

**Amount of damages claimed:      \$ \_\_\_\_\_**

Please attach all documents which support the allegations and claimed damages.

**This Tort 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature