

**CITY OF WHITE SALMON, WASHINGTON  
RESOLUTION NO. 2015-04-407**

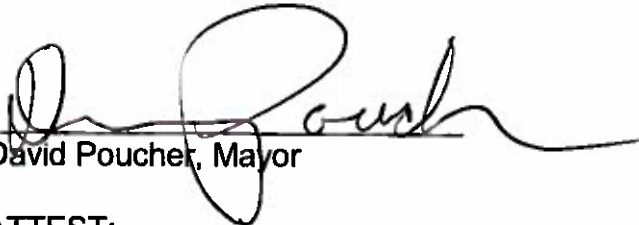
**A RESOLUTION OF THE CITY OF WHITE SALMON, WASHINGTON  
REGARDING THE MATTER OF FILING A TORT CLAIM AGAINST THE CITY OF  
WHITE SALMON, WASHINGTON.**

**WHEREAS**, state RCW 4.96.020 outlines the requirements for filing a claim for "damages against all local governmental entities and their officers, employees, or volunteers, acting in such capacity"; and

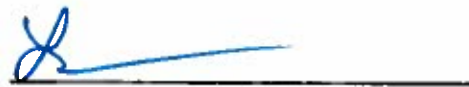
**WHEREAS**, the city needs to appoint an agent to receive any claims made and adopt the Tort Claim Form and Instructions.

**NOW THEREFORE BE IT RESOLVED**, the City Council for the City of White Salmon hereby appoints the Clerk/Treasurer as the agent responsible for receiving any tort claims and adopts the following Tort Claim Form and Instructions as described in Exhibit "A", attached hereto and incorporated by reference, for the benefit of employees, managers and customers of the City of White Salmon.

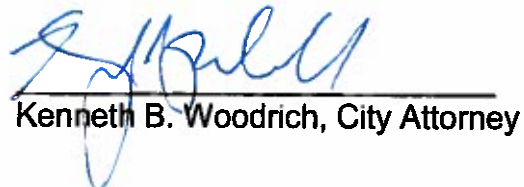
APPROVED AND PASSED by the City Council of the City of White Salmon, Washington at its regular meeting this 1<sup>st</sup> day of April 2015.

  
\_\_\_\_\_  
David Pouchet, Mayor

ATTEST:

  
\_\_\_\_\_  
Leana Johnson, Clerk/Treasurer

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Kenneth B. Woodrich, City Attorney

## Resolution 2015-04-407 Exhibit "A"

### INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM General Liability Claim Form City of White Salmon

- Before filing a Tort Claim, please read these instructions in its 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 Standard Tort Claim Form:

#### Claimant Information

1. Smith, Karen Michelle February 11, 1965
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 (425) 123-4569
6. jandoe@email.com

#### Incident Information

7. June 1, 2009 8:00 am
8. If the incident that caused the damages occurred over a period of time, please provide the beginning date and time listed in item 7 and the ending time and date.
9. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College
10. I-5, Southbound, Milepost 109, near the Martin Way Exit
11. Washington State Department of Transportation
12. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
13. Doug Doe, Driver for Department of Transportation
14. 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.
15. List your injury or damage. Explain property loss or medical, physical or mental injuries, 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 information of all your medical providers with their names, addresses, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
18. Attach receipts, pictures, witness statements or any other document to support your claims allegation.
19. 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.

**STANDARD TORT CLAIM FORM**

General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of White Salmon. Information requested on this form is required by RCW 4.92.020 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: Clerk/Treasurer  
City of White Salmon  
PO Box 2139  
100 N. Main  
White Salmon, WA 98672

**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 six months prior to 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. to \_\_\_\_\_, Time: \_\_\_\_\_  a.m.  p.m.  
(mm/dd/yyyy) (mm/dd/yyyy)

9. Location of incident: \_\_\_\_\_  
State and county City Place where occurred

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

\_\_\_\_\_ Name of street Street Address At the intersection with or nearest intersecting street

Resolution 2015-04-407 Exhibit "A"

11. Agency or department alleged responsible for damage/injury:

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

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

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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.

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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.

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

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

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

19. I claim damages from the City of White Salmon in the sum of \$\_\_\_\_\_.

This claim form must be signed by the Claimant, a person holding a written power of attorney from claimant, an attorney for the Claimant, by an attorney admitted to practice in Washington State of behalf of the Claimant, or by a court-approved guardian or guardian ad litem on behalf of the claimant.

I declare under penalty of perjury and 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)*