



## **Kitsap Transit Claim for Damages Packet**

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



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*):

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

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<i>Name of Street or Highway</i>	<i>Milepost Number</i>	<i>At the intersection with or nearest intersecting street</i>
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13. TRANSIT AGENCY ALLEGED RESPONSIBLE FOR DAMAGES/INJURY: \_\_\_\_\_

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

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

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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.

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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*):

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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.

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

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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.

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Signature of Claimant

Date and Place (residential address, city, and county)

OR

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Signature of Representative

Date and Place (residential address, city, and county)

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Print Name of Representative

Bar Number (if applicable)

FOR TRANSIT USE ONLY

Date Submitted: \_\_\_\_\_

Distribution:     WSTIP         Executive Director     Responsible Department \_\_\_\_\_

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Distributed via:  Mail             E-mail             Interoffice Mail        Date of Distribution \_\_\_\_\_

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