COLUMBIA IRRIGATION DISTRICT TORT CLAIM FORM
RCW 4.96

Complete the Tort Claim Form giving specific details about your damage or loss. Please type or print legibly. Include dates, times, and relevant witness information. It is to your advantage to also present with your claim relevant supporting documents (receipts, canceled checks, estimates, billings, etc.) or additional evidence (photos, diagrams, etc.). Attach additional sheets if necessary to describe the requested information. Sign and date the completed form and mail or deliver it to:

Clancy Flynn, Secretary-Manager
Columbia Irrigation District
10 E. Kennewick Ave.
Kennewick, WA 99336

Weekdays between the hours of 7:30 am and 4:00pm

NOTICE: No damages can be paid by the Columbia Irrigation District (CID) unless a claim complying with Washington State Law is presented to the Secretary-Manager. All submitted documents are subject to the Washington State public records act. The submitted form must contain an original signature. Copies, facsimiles or forms without an original signature will be rejected.

CLAIMANT INFORMATION

Claimant's Residential Name: _____ Date of Birth: _____

Current Residential Address: _____

Home Phone: _____ Business Phone: _____ Email Address: _____

INCIDENT INFORMATION

Your Address at time of Incident: _____

Date of Incident: _____ Time of Incident: _____ Amount Claimed: $_____

Address/Location of Incident: _____

Describe the Incident: _____

_____

_____

_____

_____

_____

_____

_____

_____

CID's Involvement/ Why responsible (if possible, please identify employee and/or department involved): _____

_____

_____

Has the Incident been reported to law enforcement, safety, or security personnel? (please identify entity, agent, and time of report):_____

_____

Witnesses/Persons Involved (please provide addresses and phone numbers):

(1)_____ (2)_____ (3)_____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Property Damage (please describe the value and extent of the damage to your home, automobile, or personal property. Attach estimates, bills or whatever documentation of damages you may have): _____

_____

_____

_____

_____

_____

If Claimant's Vehicle Information was involved, please provide the following (if applicable):

Make:_____ Model:_____ Year:_____ License Number:_____

Insurer's Name:_____ Policy Number:_____

Were you injured? ☐ No ☐ Yes If yes, then complete the following:

Describe your injury (Identify your doctor(s)/healthcare provider(s)):_____

_____

_____

Are you still receiving medical treatment? ☐ No ☐ Yes

Wage Loss? ☐ No ☐ Yes If Yes, wage loss amount: _____ Type of work: _____

Employer: _____ Employer's Phone: _____

Employer's Address: _____

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 litem on behalf of the Claimant.

The Claimant declares under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ _____

Date Signature

_____

City, State

COLUMBIA
IRRIGATION DISTRICT
10 E. Kennewick Ave. Kennewick, WA 99336
(509)586-6118

Instruction for Filing a Claim Against the Columbia Irrigation District (District)

1. Obtain Tort Claim Form from District website or office.
2. Take pictures of damages.
3. Obtain a minimum of two written quotations for repairs.
4. Return completed Tort Claim Form, with original signature, and accompanying documentation (receipts, invoices, quotations, cancelled checks, ect.) to District via USPS mail or in-person within 21 days of incident.

What happens after you file the claim?

1. The District staff reviews your form and documentation and may contact you for clarifications or missing information.
2. The decision to approve or deny payment will be made by the Secretary-Manager or the board of Directors depending on the specifics of the claim. If the decision needs to be made by the Board of Directors, you will be notified and given the opportunity to attend the meeting in which the matter is addressed.
    a. The District may choose to have certain claims handled by the Districts insurance company.
3. You will receive written notification of decision.