

Standard Tort Claim Form Packet

Please *carefully read all of the information in this packet* before completing and submitting your Standard Tort Claim. Please note that no documents will be returned.

Presenting a Standard Tort Claim Form

RCW 4.92.100 requires individuals to present the Standard Tort Claim form with the Office of Risk Management (ORM). The law also requires ORM to post on its website the Standard Tort Claim form with instructions. In compliance with these requirements and for the convenience of individuals, ORM developed a Standard Tort Claim Form Packet.

Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form (SF 210)

Legal Requirements for Presenting Standard Tort Claim Forms

In order 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

Submit the Standard Tort Claim Form and Supporting Documents by regular mail, registered mail or certified mail or in person to:

Ferry County Public Hospital District No. 1
dba Ferry County Health
Jennifer Reed, Superintendent
36 N Klondike Rd.
Republic, WA 99166

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m. Closed on weekends and official state holidays.

Instructions for Completing a Tort Claim Form:

General Liability Claim Form #SF 210

- Before filing a Tort Claim, please read these instructions, the Tort Claim form and other appropriate forms in their entirety.
- Type or print clearly in ink and sign the Tort Claim form. Do not staple or tape documents. Do not put in claim form in binders or add divider tabs as all documents must be scanned.
- 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 Tort Claim Form #SF 210:
 1. Smith, Karen Michelle – 02/20/1965
 2. 1234 Bowzer Way NW, Apt. 56, Republic WA 98356
 3. PO Box 910, Republic, WA 98356
 4. Same (or residence at the time of incident)
 5. Claimant's phone number(s) w/ area code- (509) 496-5555
 6. Claimant's or Representative's email address-jdoe@gmail.com
 7. 8/9/2020 8:00 a.m.,
 8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item 8.
 9. Washington, Ferry County, Republic Medical Clinic, Parking Lot
 10. I-5, Hwy 12, East bound, Milepost 109, Adams Avenue and Hwy 7
 11. Washington State Department of Transportation
 12. Smith, John Doe, 1234 Blank Way NW, Apt. 56, Biddle, WA 93215 (360) 456-XXXX; Tow Truck Driver, AAA Towing
 13. List any state employees who have knowledge about the incident in question.
 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 13 and 14. 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. Please describe the incident that resulted in the injury or damages, 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 all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
 18. Please attach any additional documents that support your claim.
 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.

- If you are filing a personal injury claim, please sign and attach the Medical Release.
- If your claim involves a motor vehicle accident, please complete, sign, and attach the vehicle accident form.

STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the state of Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Pursuant to the new law, Standard Tort Claim Forms cannot be submitted electronically via email or fax.

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to:

Ferry County Public Hospital District No. 1 dba Ferry County Health
Jennifer Reed, Superintendent
36 N Klondike Rd.
Republic, WA 98356
Business Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.
Closed on weekends and official state holidays.

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 or Cell
6. Claimant's e-mail address: _____
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.
(mm/dd/yyyy) (mm/dd/yyyy)
to _____ Time: _____ a.m. p.m.
(mm/dd/yyyy) (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
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11. Person 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 employees having knowledge about this incident:

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.

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? Please attach a copy of the report or contact information.

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 allegations of the claim.

19. I claim damages from the Ferry County Public Hospital District No. 1 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 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)

Or

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative