

Standard Tort Claim Form Packet

Please *carefully read all of the information in this packet* before completing and presenting your Standard Tort Claim.

A New Law that Impacts Presenting a Standard Tort Claim Form

Engrossed Substitute House Bill 1553, effective July 26, 2009, requires citizens to present the Standard Tort Claim form to the agent or other person designated to accept delivery at the agent's office. The law also requires the District to provide a Standard Tort Claim form with instructions. In compliance with these requirements and for the convenience of citizens, Public Hospital District No. 1 of Mason County 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)
3. Vehicle Collision Form only for tort claims involving vehicle accidents/collisions

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

Present in Person or Mail the Standard Tort Claim Form and Supporting Documents to:

Eric Moll
Superintendent of the District
901 Mt. View Drive
Bldg 1
Shelton, WA 98584

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

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM

- Before presenting a Standard Tort Claim form, please read these instructions, the Standard Tort Claim form, and other appropriate forms in their entirety.
- Type or print clearly in ink and sign the Standard 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 Standard Tort Claim form can be easily read and understood.
- The following are examples on how to complete the Standard Tort Claim Form:
 1. Smith, Karen Michelle
 2. 1234 College Way NW, Apt. 56, Seattle WA 98178
 3. P0 Box 910, Seattle WA 98178
 4. Same (or residence at the time of incident)
 5. 206-123-4567
 6. Smith@hotmail.com
 7. 8:00 a.m., August 9, 2008
 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 7
 9. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College, Building number 22
 10. 1-5, Southbound, Milepost 109, near the Martin Way Exit
 11. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
 12. Unknown
 13. 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.
 14. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
 15. 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.
 16. 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.
 17. Attach any documents which support your claim.
 18. 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 your claim involves a motor vehicle accident, please complete, sign, and attach the Vehicle Collision Form.

For Official Use Only
No.

VEHICLE COLLISION FORM

PLEASE TYPE OR PRINT IN INK

Please attach this form to your standard tort claim form, if the claim involves a vehicle collision.

CLAIMANT AND INCIDENT INFORMATION	CLAIMANT'S NAME (A SEPARATE FORM MUST BE COMPLETED FOR EACH CLAIMANT)				DATE OF ACCIDENT(mm/dd/yyyy)		TIME AM <input type="checkbox"/> PM <input type="checkbox"/>				
	CURRENT STREET (RESIDENCE) ADDRESS			CITY	STATE	ZIP	PHONE		HOME WORK		
	(RESIDENCE) STREET ADDRESS FOR SIX MONTHS PRIOR TO THE ACCIDENT			CITY	STATE	ZIP	EMAIL				
	State/County/City (if applicable) where occurred		STREET OR HWY		MILEPOST NO.		INTERSECTION OR NEAREST STREET/ROAD				
YOUR VEHICLE INFORMATION (VEHICLE #1)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	WHERE CAN CAR BE SEEN?		WHEN?				
	NAME OF VEHICLE OWNER		ADDRESS		CITY	HOME AND WORK PHONE					
	NAME OF DRIVER		ADDRESS		CITY	HOME AND WORK PHONE					
	DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE		DATE OF EXPIRATION						
	DESCRIBE DAMAGE				ESTIMATE \$	YOUR INSURANCE COMPANY AND POLICY NO.					
OTHER VEHICLE INFORMATION (VEHICLE #2)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE AGENCY, IF KNOWN						
	NAME OF OWNER		ADDRESS		CITY	PHONE					
	NAME OF DRIVER		ADDRESS		CITY	PHONE					
	DESCRIBE DAMAGE						ESTIMATE \$				
	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.										
OTHER NON-VEHICLE DAMAGE	NAME OF OWNER		ADDRESS		CITY	PHONE					
	DESCRIBE DAMAGE						ESTIMATE \$				
INJURED PARTIES	NAME	ADDRESS		PHONE	INJURY	AGE	VEH 1	VEH 2	VEH 3	PED	OTH
		HOME WORK									
		HOME WORK									
		HOME WORK									
		HOME WORK									
		HOME WORK									
WITNESSES	NAME (ATTACH ADDITIONAL SHEETS IF NECESSARY)		ADDRESS		CITY	PHONE					
							HOME WORK				
							HOME WORK				
							HOME WORK				

COMPLETE ALL DETAILS

Describe conduct and circumstances causing injury or damages and explain the extent of medical, physical or mental injuries. Please identify name, address, and telephone number of treating physicians and other medical providers.