

CLARK COUNTY FIRE DISTRICT 13

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, Apt. 56, Vancouver, WA 98661
 3. PO Box 910, Vancouver, WA 98666
 4. Same (or residence at the time of incident)
 5. 360-123-4567
 6. john.doe@comcast.net
 7. 8:00 a.m., August 9, 2012
 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. Campus of Clark Community College, Building number 22, 123 4th Street Vancouver, WA 98661
 10. NE Worthington Road and NE Amboy Road
 11. Mark yes or no box; if you are represented by an attorney provide attorney's Name and phone number.
 12. List all persons involved in or witness to the incident in question, with their names, addresses, and telephone numbers. 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.
 13. 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.
 14. 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. List all other individuals not described in numbers 11 through 14 that have knowledge of the incident. Include their names, addresses, telephone numbers, and a description of their knowledge.
 17. Attach all documents which support the claim's allegations.
 18. 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 presenting a personal injury claim, please sign and attach the Medical Release form.
- If your claim involves a motor vehicle accident, please complete, sign, and attach the Vehicle Collision form.

Clark FD 13 STANDARD TORT CLAIM FORM

For Official Use Only

This form is for filing a tort claim against Clark County Fire District 13. Some of the information requested on this form may be subject to public disclosure. Standard Tort Claim forms cannot be submitted electronically (via email or fax).

Mail or deliver original claim to: **Louis Ferreira
Stoel Rives, LLP
805 Broadway, Suite 725
Vancouver, WA 98660**

Business Hours: Mon. – Fri. 8:00 a.m. – 5:00 p.m.
Closed on weekends and official state holidays.

CLAIMANT INFORMATION

PLEASE TYPE OR PRINT IN INK

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 telephone number: _____
Home Work
6. Claimant's email address: _____

INCIDENT INFORMATION

7. Date of incident: _____ Time: _____ a.m. p.m. (check one)
8. If the incident occurred over a period of time, date of first and last occurrences:
From _____ Time: _____ a.m. p.m. (check one) to From _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy) (mm/dd/yyyy)
9. Location of incident: _____
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

11. Are you represented by an attorney: Yes No If so please provide contact information:

Attorney Name: _____ Attorney Phone: _____

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

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

14. 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.

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

16. Names, addresses, and telephone numbers of all individuals not already identified in #11 through #14 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.

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

18. I claim damages from North Country EMS in the sum of \$_____. Attach detailed information supporting this amount.

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)