

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM PACKET

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.

1. Type or print clearly in ink and sign the completed Standard Tort Claim Form.
2. Please provide as much detail as possible in the description section regarding the incident you are claiming damages for. If the requested information cannot be supplied in the space provided, please use additional blank sheets.
3. You must sign and date this official claim form. State law requires that the form be signed by the claimant, the claimant's attorney (or attorney-in-fact as authorized by written power of attorney), or a court-approved guardian or guardian-ad-litem on behalf of the claimant. State law requires an original signature, therefore claim forms cannot be submitted by fax or email.
4. It is to your advantage to attach relevant supporting documents (copies of any receipts, bills, invoices, estimates) or additional evidence (photos, diagrams, and such). A claim can be resolved faster when all relevant information is provided for consideration. All documents are subject to the Washington State public disclosure statutes.
5. *You must file your claim with the Clerk of the Board* in order for it to be valid. Return the original, signed Standard Tort Claim Form and supporting documentation in person or via mail to:

South Sound 911

Attn: Marlena Lybarger, Clerk of the Board

3580 Pacific Avenue

Tacoma, WA 98418

Business Hours: Monday through Friday — 8:30 a.m. to 4 p.m.

Closed weekends & holidays.

INCIDENT INFORMATION

Date of the incident: _____ **Time:** _____
(mm/dd/yyyy) AM PM

If the incident occurred over a period of time, date of first and last occurrences:

From _____ **Time:** _____
(mm/dd/yyyy) AM PM

To _____ **Time:** _____
(mm/dd/yyyy) AM PM

Location of incident: _____
State and county City, if applicable Place where occurred

If the incident occurred on a street or highway:

Name of street or highway Milepost number Nearest intersection

Describe what happened (attach additional pages if needed):

How was this organization involved?

Were you injured? Yes No

Describe any damage to your property or injuries:

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

I claim damages 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 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

Bar Number (if applicable)