



## 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

“Under state law, persons presenting tort claims to Intercity Transit may use either the standard tort claim form maintained by the state or Intercity Transit’s own tort claim form. Intercity Transit developed its own tort claim form by making a few modifications to the state standard tort claim form to make it appropriate for Intercity Transit. This packet includes Intercity Transit’s tort claim form, referred to as the Standard Tort Claim Form, along with instructions, information and other forms to be submitted with it. This packet, with all of its contents, is available from Intercity Transit’s Administrative office, the address for which is below, and is posted on Intercity Transit’s website.”

### Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form
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 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:

*Heather Stafford Smith*  
Administrative Services Director  
Intercity Transit  
Administrative Office  
510 Pattison SE  
Olympia, WA 98501

*Heather Stafford Smith*  
Administrative Services Director  
Intercity Transit  
Administrative Office  
PO Box 659  
Olympia, WA 98507-0659

*If the Administrative Services Director is not present, you can present the form to the Operations Deputy Director.*

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m.

Closed on weekends and certain official state holidays as listed: *Christmas Day; Thanksgiving Day; New Year’s Day; 4<sup>th</sup> of July; Memorial Day; and Labor Day.*

## INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM

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- 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 - 2/20/1965
  2. 1234 College Way NW, Apt. 56, Seattle, WA 98178
  3. PO Box 910, Seattle, WA 98178
  4. Same (or residence at the time of incident)
  5. (206) 123-4567 - (206) 987-6543
  6. KarenMichelleSmith1965@yahoo.com
  7. August 9, 2010, 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 the incident occurred.
  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. Washington State Department of Transportation, Highway
  12. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle, WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
  13. Unknown
  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 12 and 13. 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 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.
  16. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
  17. 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.
  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.

**STANDARD TORT CLAIM FORM**  
**General Liability Claim Form**

For Official Use Only

Pursuant to Chapter 4.92 RCW, this form is for filing a tort Claim against Intercity Transit. 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**

Intercity Transit  
Administrative Office  
Heather Stafford Smith  
Mail: PO Box 659  
Olympia, WA 98507-0659  
Deliver to: 510 Pattison  
SE Olympia, WA 98501

No.

Business Hours: Mon. – Fri. 8:00 a.m. – 5:00 p.m.

Closed on weekends and certain state holidays (Thanksgiving; Christmas; 4<sup>th</sup> of July; New Year’s Day; Labor Day; and Memorial Day).

**CLAIMANT INFORMATION**

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*
6. Claimant’s e-mail address: \_\_\_\_\_

**INCIDENT INFORMATION**

7. Date of 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. (check one) to:  
*(mm/dd/yyyy)*  
\_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m. (check one)  
*(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*

11. State agency 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 Intercity Transit employees having knowledge about this incident:  
\_\_\_\_\_  
\_\_\_\_\_

14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above who 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. Names, addresses, telephone numbers of your medical providers and the type of treatment provided. If you were treated for a personal injury, please include your medical records and bills. Attach additional sheets if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Has the incident been reported to law enforcement, safety or security personnel? If so, when and to whom? Include the name, department and telephone number of the person you spoke with. Please attach a copy of the report. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Dollar amount for damages, including time loss, medical costs, property damage loss, etc. Please attach documents supporting the claim's allegations. \_\_\_\_\_  
\_\_\_\_\_

I claim damages from Intercity Transit in the sum of \$ \_\_\_\_\_

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

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

21. I claim damages from Intercity Transit 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)*