PUGET SOUND REGIONAL FIRE AUTHORITY
INTERNATIONALLY ACCREDITED FIRE AGENCY

Professionally and compassionately helping people.

TORT CLAIM FORM

Please return this completed form and supporting documentation to:

Puget Sound Fire
Attn.: Human Resources Department | Risk Management
20811 84th Avenue S., Suite 112
Kent, WA 98032

Standard business hours are Mondays through Fridays, 0800 to 1600, excluding holidays.

NOTICE: No damages can be paid by the Puget Sound Regional Fire Authority unless a claim complying with Washington State Law (RCW 4.96.020) is presented to the Puget Sound Fire Human Resources Department | Risk Management division. After filing a claim, please direct all questions to the Risk Manager at (253) 856-4441.

INSTRUCTIONS:

(1) Fill out and complete the Tort Claim Form giving specific details about your damage or loss—include dates, times, and witness information (specific instructions are given on Page 4).

(2) Sign the Tort Claim Form.

(3) Return the completed Tort Claim Form to:

Puget Sound Fire
Attn.: Human Resources Department | Risk Management
20811 84th Avenue S., Suite 112
Kent, WA 98032

The completed Tort Claim Form may only be delivered to the address above in person or via regular mail, registered mail or certified mail, with a return receipt requested.

CLAIMANT INFORMATION

1. Claimant's Name:

_____ _____ _____ _____
Last Name *First Name* *Middle Initial* *Date of Birth*

2. Current Residential Address: _____

3. Mailing Address (if different than above): _____

4. Residential Address on the Date of the Incident (if different from Current Residential Address):

_____

5. Claimant's Daytime Telephone Number: _____ _____
Home or Mobile *Business*

6. Claimant's Email Address: _____

INCIDENT INFORMATION

7. Date of the Incident: _____ Time: _____ a.m. p.m. *(circle one)*

8. If the incident occurred over a period of time, list the dates of first and last occurrences:

From: _____ Time: _____ a.m. p.m. To: _____ Time: _____ a.m. p.m.
(mm/dd/yyyy) *(circle one)* *(mm/dd/yyyy)* *(circle one)*

9. Location of Incident: _____

10. If the incident occurred on a street or highway, list:

_____ _____
Name of Street or Highway *Intersection of or Nearest Intersecting Street*

11. Identify the governmental entity allegedly responsible for injury and/or damage:

_____

12. List the names and contact information for all person(s) involved in or witness to this incident.

_____

_____

_____

13. List the names and contact information for all Puget Sound Fire employees who have knowledge about this incident.

_____

_____

14. List the names and contact information for all individuals not already identified in Sections #12 and #13 above who have knowledge regarding the liability issues related to 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? List the names, contact information and/or any known report numbers.

_____

_____

17. List the names and contact information for all treating medical providers. Attach copies of all medical reports and billing statements.

_____

_____

_____

18. Attach documents that support the claimant's allegations.

19. I claim damages from Puget Sound Fire in the sum of $_____.

This Tort Claim Form must be signed by the Claimant, by the attorney in fact for the Claimant pursuant to a written power of attorney, by an attorney admitted to practice law 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 Signed (City and State)*

INSTRUCTIONS FOR COMPLETING THE PUGET SOUND FIRE TORT CLAIM FORM

Before filing a claim, please carefully read these instructions in their entirety:

- Type or print clearly in ink and sign the Tort Claim Form.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records, billing statements for personal injuries, photographs, proof of ownership for property damage, and/or receipts for property value, *etc.*
- If the requested information cannot be supplied in the space provided, please use additional sheets so your claim can be easily read and understood.
- The following are **EXAMPLES** of how to complete the Tort Claim Form line by line:

1. Smith, John D. 01/01/1960
2. 1234 N. College Way, Apt. 24, Seattle, WA 98104
3. P.O. Box 5678, Seattle, WA 98124
4. Same as above.
5. (206) 123-4567
6. smith.john.d@gmail.com
7. 08/08/2005, 8:00 a.m.
8. If the incident that caused the damage occurred over a period of time, please provide the beginning time and ending time in Item 8.
9. 220 Fourth Avenue S., Kent, WA 98032
10. Willis Street at intersection with 4th Avenue S.
11. Puget Sound Fire
12. Smith, Thomas Arthur, 1234 N. College Way, Apt. 24, Seattle, WA 98104 (206) 456-7890
13. Unknown
14. List all other witnesses who have knowledge of the incident, with their names, addresses, and telephone numbers that are not listed in Sections #12 and #13.
15. Please describe the incident that resulted in injury and/or damage, specifically answering the questions who, what, where, why, and how.
16. If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information for the person and agency you contacted.
17. Please provide all your medical providers, including their names, addresses, telephone numbers, and types of treatment. If you were treated for a personal injury, please include your medical records and billing statements.
18. Attach any other relevant documents.
19. Please provide a dollar amount for your damages, including your time loss, medical costs, property damage loss, *etc.* This amount should represent your opinion of total compensation.