



## 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*  
Human Resources Director  
Intercity Transit  
Administrative Office  
526 Pattison SE  
Olympia, WA 98501

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

*If the Human Resources Director is not available, you can present the form to the Finance & Administration Director or the Finance Manager.*

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

---

- 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, include a copy of the report or contact information of the person you spoke with.
  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 your claim involves a motor vehicle accident, please complete, sign and attach the Vehicle Collision Form.



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 \$ \_\_\_\_\_

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)*

# 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 \$			
OTHER NON-VEHICLE DAMAGE	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.									
	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. Please attach property damage estimates and/or all medical bills in support of your claim. If necessary, attach additional pages containing information in this format.

---



---



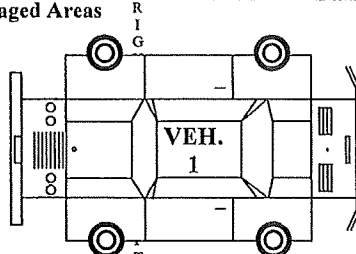
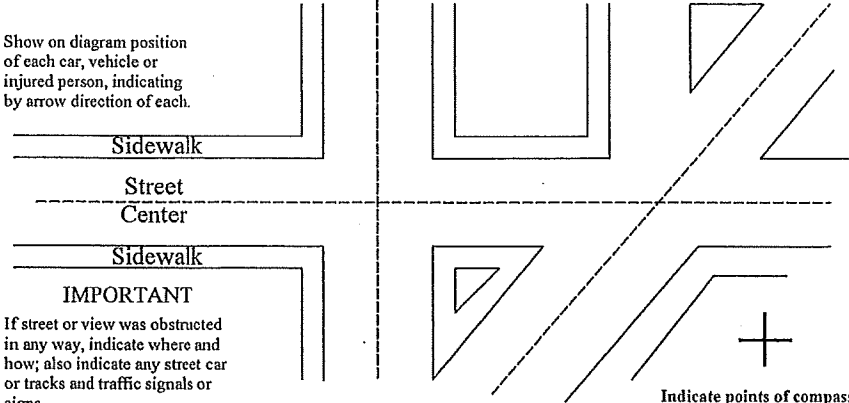
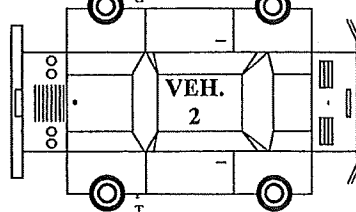
---



---



---

<input type="checkbox"/> Straight Road <input type="checkbox"/> Curve - R or L <input type="checkbox"/> Level	<input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill	<input type="checkbox"/> One Lane <input type="checkbox"/> One and One-Half Lane <input type="checkbox"/> Two Lane or Four Lane	<b>Mark Damaged Areas</b> 
<p>Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.</p>  <p align="center">Indicate points of compass N. E. S. W.</p>			
<p><b>IMPORTANT</b> If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.</p>			

LIGHT CONDITIONS (CHECK ONE)	TRAFFIC CONTROL	TYPE OF ROAD (CHECK ONE OR MORE)	VEHICLE CONDITION (CHECK ONE OR MORE)	ROAD SURFACE (CHECK ONE)	WEATHER (CHECK ONE)
1 <input type="checkbox"/> DAYLIGHT	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> SIGNALS	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> ONE WAY	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DEFECTIVE BRAKES	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DRY	1 <input type="checkbox"/> CLEAR, CLOUDY & OVERCAST
2 <input type="checkbox"/> DAWN	<input type="checkbox"/> 2 <input type="checkbox"/> STOP SIGN	<input type="checkbox"/> 2 <input type="checkbox"/> TWO WAY	<input type="checkbox"/> 2 <input type="checkbox"/> DEFECTIVE HEADLIGHTS	<input type="checkbox"/> 2 <input type="checkbox"/> WET	2 <input type="checkbox"/> RAINING
3 <input type="checkbox"/> DUSK	<input type="checkbox"/> 3 <input type="checkbox"/> FLASHING RED	<input type="checkbox"/> 3 <input type="checkbox"/> REVERSIBLE ROAD	<input type="checkbox"/> 3 <input type="checkbox"/> DEFECTIVE REAR LIGHTS	<input type="checkbox"/> 3 <input type="checkbox"/> SNOW	3 <input type="checkbox"/> SNOWING
4 <input type="checkbox"/> DARK STREET LIGHTS ON	<input type="checkbox"/> 4 <input type="checkbox"/> FLASHING AMBER	<input type="checkbox"/> 4 <input type="checkbox"/> INTER-CHANGE LOOP RAMP	<input type="checkbox"/> 4 <input type="checkbox"/> TIRES WORN	<input type="checkbox"/> 4 <input type="checkbox"/> ICE	4 <input type="checkbox"/> FOG
5 <input type="checkbox"/> DARK STREET LIGHTS OFF	<input type="checkbox"/> 5 <input type="checkbox"/> RR SIGNAL	<input type="checkbox"/> 5 <input type="checkbox"/> ALLEY	<input type="checkbox"/> 5 <input type="checkbox"/> PUNCTURED OR BLOWN TIRES	<input type="checkbox"/> 5 <input type="checkbox"/> OTHER (SPECIFY)	5 <input type="checkbox"/> OTHER (SPECIFY)
6 <input type="checkbox"/> DARK NO STREET LIGHT	<input type="checkbox"/> 6 <input type="checkbox"/> OFFICER/FLAGMAN	<input type="checkbox"/> 6 <input type="checkbox"/> TWO WAY-LEFT TURN LANES	<input type="checkbox"/> 6 <input type="checkbox"/> OTHER (SPECIFY)	NAME OF INVESTIGATING POLICE AGENCY: _____  INVESTIGATING AGENCY REPORT NO. _____	
7 <input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> 7 <input type="checkbox"/> YIELD SIGN	<input type="checkbox"/> 1 <input type="checkbox"/> SEPARATED			
	<input type="checkbox"/> 8 <input type="checkbox"/> NO TRAFFIC CONTROL	<input type="checkbox"/> 2 <input type="checkbox"/> DIVIDED			
	<input type="checkbox"/> 9 <input type="checkbox"/> OTHER	<input type="checkbox"/> 3 <input type="checkbox"/> UNDIVIDED			

A separate claim form should be submitted for each claimant.

This information is being provided to aid in resolving the claim.

*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)