



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
526 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 Finance & Administration Manager.

Business Hours: Monday-Friday, 8:00 a.m. to 4:30 p.m.

Closed on weekends and certain official state holidays as listed: *Christmas Day; Thanksgiving Day; New Year's Day; 4th 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, 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 attach a police report from the responding agency, **or** 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: 526 Pattison SE
Olympia, WA 98501

No.

Business Hours: Mon. - Fri. 8:00 a.m. - 4:30 p.m.

Closed on weekends and certain state holidays (Thanksgiving; Christmas; 4th 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)

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.

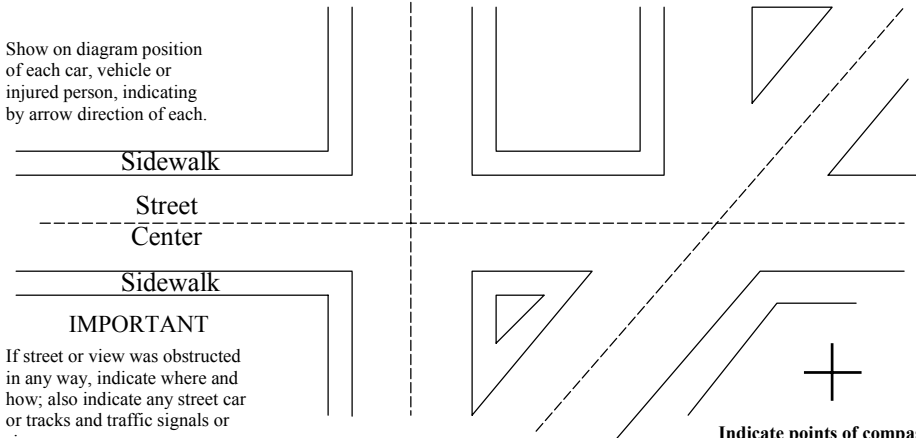
CLAIMANT AND INCIDENT INFORMATION	CLAIMANT'S NAME (A SEPARATE FORM MUST BE COMPLETED FOR EACH CLAIMANT)				DATE OF ACCIDENT(mm/dd/yyyy)		TIME AM <input type="checkbox"/> PM <input type="checkbox"/>			
	CURRENT STREET (RESIDENCE) ADDRESS			CITY	STATE	ZIP	HOME PHONE WORK PHONE			
	(RESIDENCE) STREET ADDRESS 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				
INJURED PARTIES	DESCRIBE DAMAGE						ESTIMATE \$			
	NAME	ADDRESS	PHONE	INJURY	AGE	VEH 1	VEH 2	VEH 3	PED	OTH
WITNESSES	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.

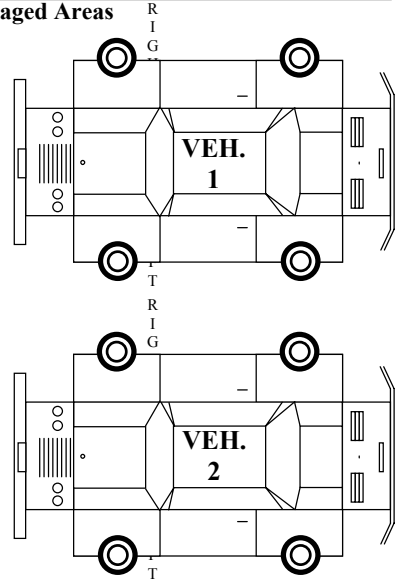
- Straight Road
- Hillcrest
- One Lane
- One and One-Half Lane
- Curve - R or L
- Uphill
- Two Lane or Four Lane
- Level
- Downhill

Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.



IMPORTANT
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.

Mark Damaged Areas



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	VEHICLE NO. 1 NO. 2	VEHICLE NO. 1 NO. 2	VEHICLE NO. 1 NO. 2	1 <input type="checkbox"/> CLEAR, CLOUDY & OVERCAST
2 <input type="checkbox"/> DAWN	<input type="checkbox"/> 1 <input type="checkbox"/> SIGNALS	<input type="checkbox"/> 1 <input type="checkbox"/> ONE WAY	<input type="checkbox"/> 1 <input type="checkbox"/> DEFECTIVE BRAKES	<input type="checkbox"/> 1 <input type="checkbox"/> DRY	2 <input type="checkbox"/> RAINING
3 <input type="checkbox"/> DUSK	<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	3 <input type="checkbox"/> SNOWING
4 <input type="checkbox"/> DARK STREET LIGHTS ON	<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	4 <input type="checkbox"/> FOG
5 <input type="checkbox"/> DARK STREET LIGHTS OFF	<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	5 <input type="checkbox"/> OTHER (SPECIFY)
6 <input type="checkbox"/> DARK NO STREET LIGHT	<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)	
7 <input type="checkbox"/> OTHER (SPECIFY)	<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)		
	<input type="checkbox"/> 7 <input type="checkbox"/> YIELD SIGN	<input type="checkbox"/> 1 <input type="checkbox"/> SEPARATED		NAME OF INVESTIGATING POLICE AGENCY: INVESTIGATING AGENCY REPORT NO. 	
	<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)