STANDARD TORT CLAIM - INSTRUCTIONS

PRESENTING STANDARD TORT CLAIMS TO BENTON COUNTY

Chapter 4.96 RCW requires counties to receive and process citizen's standard tort claims against them. Benton County objectively determines its liability for claimed injuries. It fairly compensates claimants for damages when liability is supported, and denies claims when liability is unsupported.

COMPLETING THE STANDARD TORT CLAIM FORM (#SF 210):

The Standard Tort Claim Packet includes the Standard Tort Claim form which must be presented to Benton County. Pursuant to Washington State law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax). Claims are only accepted at the Commissioners' Office at the Benton County Courthouse in Prosser, Washington. Any claims mailed or delivered to the Benton County Kennewick Campus will not be accepted. The County acknowledges receipt of Standard Tort Claim forms by letter to the Claimant.

IMPORTANT:

Washington State law requires an original signature on the Standard Tort Claim form. Forms cannot be submitted electronically and an original must be mailed or hand-delivered to the Benton County Courthouse. See detailed presenting information below.

The Standard Tort Claim form must be signed by the Claimant; or by a person holding a written power of attorney from the Claimant; or by the attorney in fact for the Claimant; or by an attorney admitted to practice in Washington State on the Claimant's behalf; or by a court-approved guardian ad litem on behalf of the Claimant.

The length of the Standard Tort Claim investigation varies greatly depending on the complexity of the issues and the availability of documents and witnesses to support causation and damages. A Standard Tort Claim can be resolved and closed quicker when all relevant information and documents are provided initially for consideration.

All documents received by Benton County become the property of Benton County and will not be returned. Please keep a copy for your records and do not send original attachments if you want them returned.

Present by Mail or in Person the Standard Tort Claim Form and Supporting Documents to:

Address and Mail Original Claim to:

Attn: Chairman
Benton County Board of Commissioners
P.O. Box 190
Prosser, WA 99350

Hand-Deliver Original Claim to:

Attn: Chairman
Benton County Board of Commissioners
Benton County Courthouse | Third Floor
620 Market Street
Prosser, WA 99350

Business Hours (Commissioners' Office | Prosser, WA):

Monday – Friday
8:00 a.m. – 5:00 pm*
***Available by appointment only between 4:00 p.m. and 5:00 p.m.
Closed on weekends and official state holidays.

STANDARD TORT CLAIM - EXAMPLES

COMPLETING THE STANDARD TORT CLAIM FORM (CONTINUED)

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 that your Standard Torm Claim form can be easily read and understood.

If you are presenting a personal injury claim, please sign and attach the Medical Release form.

If your claim involves a motor vehicle accident, please complete, sign, and attach the Vehicle Collision Form.

EXAMPLES/EXPLANATION ON HOW TO COMPLETE STANDARD TORT CLAIM FORM (#SF 210):

1. Smith, Karen Michelle 01/31/1999
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
6. ksmith@gmail.com
7. August 9, 2008 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 in item 7.*
9. Washington, Thurston Tumwater Campus of South Puget Sound Community College
10. I-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 describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when, and why.
16. 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.
17. 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.
18. Please attach documents which support the claim allegations.
19. Please provide the dollar amount for your damages, including time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.

STANDARD TORT CLAIM FORM

General Liability Claim form #SF 210

(Official Use Only) Claim No. _____

Distributed to the following:

Commissioners _____
Administration _____
Risk Management _____
Prosecuting Attorney _____
Human Resources _____
Clerk to the Board _____
Other Department(s) _____
_____

(Official Use Only) Mail Received Stamp:

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against Benton County, Washington. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

Pursuant to Washington State law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax). Claims are only accepted at the Benton County Courthouse in Prosser, Washington. Any claims mailed or delivered to the Benton County Kennewick Campus will not be accepted.

Address and Mail Original Claim to:

Attn: Chairman
Benton County Board of Commissioners
P.O. Box 190
Prosser, WA 99350

Hand-Deliver Original Claim to:

Attn: Chairman
Benton County Board of Commissioners
Benton County Courthouse | Third Floor
620 Market Street
Prosser, WA 99350

Business Hours (Commissioners' Office | Prosser, WA):

Monday – Friday
8:00 a.m. – 5:00 pm*
*Available by appointment only between 4:00 p.m. and 5:00 p.m.
Closed on weekends and official state holidays.

PLEASE TYPE OR PRINT IN INK

CLAIMANT INFORMATION

1. Claimant's name: _____
   Last name *First* *Middle* *Date of birth (mm/dd/yyyy)*
2. Current residential address: _____
3. Mailing address: _____
4. Residential address at the time of the incident (if different from current address):
   _____
5. Claimant's daytime telephone number: _____ _____ _____
   Home *Mobile* *Business*
6. Claimant's email address: _____

(Official Use Only) Claim No. _____

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____ ☐ a.m. ☐ p.m.
   (mm/dd/yyyy) *(check one)*
8. If the incident occurred over a period of time, date of first and last occurrences:
   from _____ Time: _____ ☐ a.m. ☐ p.m.
   (mm/dd/yyyy) *(check one)*
   to _____ Time: _____ ☐ a.m. ☐ p.m.
   (mm/dd/yyyy) *(check one)*
9. Location of incident: _____
   State and county *City, if applicable* *Place where occurred*
10. If incident occurred on a street or highway:

    _____
    Name of street or highway *Milepost number* *At the intersection with, or nearest intersection street*
11. County office 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 county employees having knowledge about this incident:

    _____
    _____
14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that 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. 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?

    _____
    _____
17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

    _____
    _____
    _____
    _____
    _____
18. Please attach documents which support the claim's allegations.

(Official Use Only) Claim No. _____

19. I claim damages from Benton County 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)**
Or	
Signature of Representative	**Date and place (residential address, city, and county)**

(Official Use Only) Claim No. _____

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

TO

BENTON COUNTY

Name: _____
(Last, First, Middle Initial or Middle Name)

Date of Birth: Month _____ Day _____ Year _____

I hereby authorize disclosure of my protected health information to Benton County for purposes of processing my claim for damages filed with Benton County.

I understand that by signing this document, I authorize the release of the following information:

Complete medical record for all services, including history and physical exam; progress notes; x-ray reports; inpatient admissions; operative notes; physical or other therapy; laboratory and other test reports; physician and physician assistant orders; nursing notes; and all other records and references designated by the provider as part of its medical record

HIV Test Results and medical information related to HIV testing or treatment

Psychiatric, mental and behavioral health records, including treatment notes, assessments, testing documents and results, and medical records related to mental health diagnosis and treatment

Alcohol assessment, testing, referral or treatment records

All other chemical dependency assessment of treatment records

Pharmacy prescriptions and reports

All letters and memos received or sent, including electronic mail, referencing my treatment. Information related to alleged sexual assault or sexually transmitted disease, including test results

Urgent care, patient or other clinic visit information

Gynecological and/or obstetrical information

All client records generated for or by governmental programs of which I am a client. Identify the program(s) and agency: _____

Financial records related to my care and treatment

(Official Use Only) Claim No. _____

I understand the following: **(PLEASE READ AND INITIAL ALL STATEMENTS)**

_____ Initials I understand that my records are protected under HIPPA/PHI regulations (federal law) and the Washington State Health Care Information Act (RCW 70.02.

_____ Initials I understand that my health information may be subject to re-disclosure by Benton County and not protected for purposes of evaluating and investigating the claim I have filed with Benton County.

_____ Initials I understand that the specific information to be disclosed in my medical record may include information regarding alcohol, drug or other controlled substance use, counseling referrals and/or a history of testing or treatment of acquired immune deficiency syndrome.

_____ Initials I understand that I may revoke this authorization at any time by notifying the Benton County Risk Manager in writing, and that the revocation will be effective as of the date the Benton County Risk Manager receives it. Any records obtained pursuant to this Authorization for Release of PHI prior to the revocation will be deemed authorized by me for release.

_____ Initials I understand that this Authorization for Release will expire 90 days from the date I sign it. I can also authorize a different time frame for this release to be valid. This permission is valid until my claim is resolved or closed by the Benton County Risk Manager.

A Photostat of this Authorization carries the same authority as the original for purposes of releasing my records to Benton County.

Signature of Authorizing Individual:

_____

Date of Signature: _____

Telephone number: _____

Witness (where patient is over 13 and signing the release):

_____

Where the signer is not the subject of records:

I am authorized to sign this because I am the (attach proof of authority):

☐ Parent of minor

☐ Legal Guardian

☐ Personal Representative

☐ Other

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 ☐ PM ☐

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.

_____

_____

_____

_____

_____

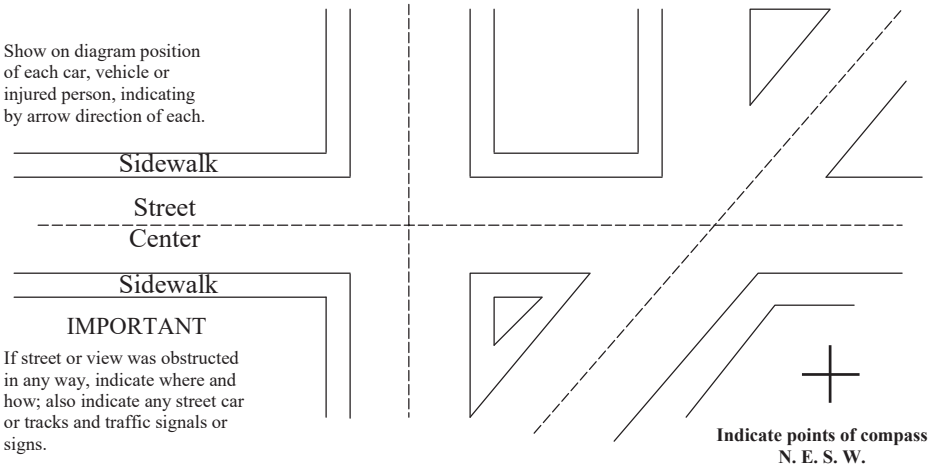
_____

☐ Straight Road
☐ Curve – R or L
☐ Level

☐ Hillcrest
☐ Uphill
☐ Downhill

☐ One Lane
☐ One and One-Half Lane
☐ Two Lane or Four Lane

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

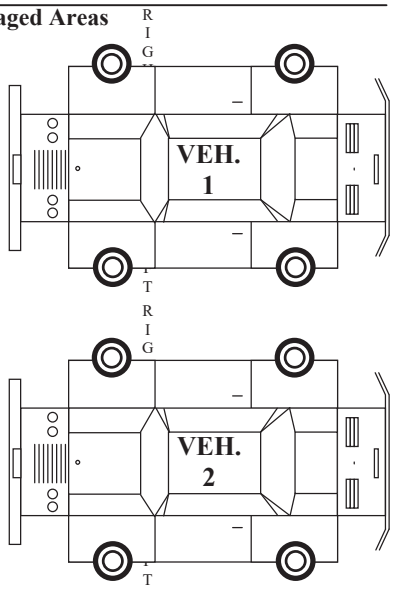


IMPORTANT

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.

Indicate points of compass
N. E. S. W.

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