

SNOHOMISH COUNTY PUBLIC HOSPITAL DISTRICT NO. 3
d/b/a CASCADE VALLEY HOSPITAL & CLINICS (the “District”)

STANDARD TORT CLAIM FORM PACKET

THE STANDARD TORT CLAIM FORM DOES NOT APPLY TO CLAIMS INVOLVING
INJURIES FROM HEALTH CARE. SEE CHAPTER 7.70 RCW

Please *carefully read all of the information in this packet* before completing and presenting your Standard Tort Claim.

Chapter 4.96 RCW impacts presenting a Standard Tort Claim Form.

RCW 4.96 020 requires citizens to present the Standard Tort Claim Form with the District’s Superintendent, W. Clark Jones. In compliance with the requirements of Chapter 4.96 RCW and for the convenience of citizens, the District has developed a Standard Tort Claim Form Packet.

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 Form 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 Claimant’s behalf; or
- A court-appointed guardian or guardian ad litem on behalf of the Claimant

Present in person or mail the Standard Tort Claim Form and supporting documents to:

W. Clark Jones, Superintendent
or his Administrative Assistant,
Kathy Harris
330 S. Stillaguamish Avenue
Arlington, WA 98223

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

Closed on weekends and official state holidays

Directions to the office of the Superintendent or his Administrative Assistant may be obtained at the Admitting Desk at Cascade Valley Hospital.

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.

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 (#SF 2210):

1. Smith, Karen Michelle
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. karensmith@gmail.com
7. 8:00 a.m., August 1, 2010
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, Building #22
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 11 and 12. 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 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.
19. 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

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against Snohomish County Public Hospital District No. 3, d/b/a Cascade Valley Hospital & Clinics. 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 e-mail or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver Original claim to: W. Clark Jones, Superintendent, or
or Kathy Harris, Administrative Assistant
330 S. Stillaguamish Avenue

THE STANDARD TORT CLAIM FORM IS NOT TO BE USED FOR CLAIMS INVOLVING INJURIES FROM HEALTH CARE. SUCH CLAIMS ARE GOVERNED BY CHAPTER 7.70 RCW.

CLAIMANT INFORMATION:

- 1. Claimant's name: _____
Last First Middle Date of birth
- 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: _____ . m.
- 8. If the incident occurred over a period time, date of first and last occurrences:
from _____ time: _____ .m. to _____ time: _____ .m.
- 9. Location of incident: _____
State & county City, if applicable Place where occurred
- 10. If the incident occurred on a street or highway:
Name of street/highway Milepost no. At the intersection with or nearest
intersecting street
- 11. Person or department alleged responsible for damage/injury:

- 12. Names, addresses and telephone numbers of all persons involved in or witnesses to this incident:

13. Names, addresses and telephone numbers of all District 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. Attached 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: _____

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

19. I claim damages from the District 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)