

STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Pursuant to Chapter 4.92 RCW, this form is for filing tort claim against Lewis County. Information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Claims involving accidents with vehicles operated by county employees should be filed on a Standard Vehicle Accident Claim Form (#SF 138) rather than this form.

For Official Use Only

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to: Lewis County Risk Management
351 NW North St.
Courthouse Basement, Room #023
Chehalis, WA 98532

No.

CLAIMANT INFORMATION

1. Claimant's name:

Last name *First* *Middle* *Date of birth (month, day, year)*

2. Current residential address: _____

3. Mailing address (if different): _____

4. Residential address for six months prior to the date 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 the incident: ____/____/____ Time: _____ a.m./p.m. (circle one)
Month Day Year

8. If the incident occurred over a period of time, date of first and last occurrences:
from ____/____/____ Time: ____ a.m./p.m. (circle one) to ____/____/____, Time: ____ a.m./p.m. (circle one)
Mo Day Year *Mo Day Year*

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. County 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 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. Further, explain how the County is responsible for the injury or damages. 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**.

19. Please include, at least, 2 estimates of repair of alleged damage(s) along with photos of the alleged damage(s).

20. I claim damages from Lewis County in the sum of \$_____.

21. Do you have an attorney representing you for this claim? ___ YES ___ NO **If yes:**

Name of attorney:_____

Address of attorney:_____

Phone number of attorney:_____

The Claimant must sign this claim form unless he or she is incapacitated, a minor, or a nonresident of the state, in which case it may be signed on behalf of the Claimant by any relative, attorney, or agent representing 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)