

# STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Pursuant to Chapter 4.96 RCW, this form is for filing tort claim against Lewis County. Information requested on this form is required by RCW 4.96.020(3) and may be subject to public disclosure. Claims involving accidents with vehicles operated by state 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**

No.

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

## 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:

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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.

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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.

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16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

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

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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**  
Form SF 210 (Rev. 4/04)

\_\_\_\_\_  
**Date and place (residential address, city and county)**