Standard Tort Claim Form Packet

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

**Presenting a Standard Tort Claim Form**

RCW 4.96.020 requires citizens to present the Standard Tort Claim form with the government agency named in their claim. The law also requires State and local government agencies to post the Standard Tort Claim form on their website with instructions on how to complete the form. In compliance with these requirements and for the convenience of citizens, The State Office of Financial Management (OFM) 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 (SF 210)
3. Authorization for Release of Protected Health Information
4. Vehicle Collision Form (SF 138) - for tort claims involving vehicle accidents or 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 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:**

Bellingham Public Schools  
Attention: Superintendent  
1306 Dupont Street  
Bellingham, WA 98225

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m.  
Closed on weekends and holidays.
Instructions for Completing a Standard Tort Claim Form (SF 210)

• Before filing 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 (SF 210):

1) Smith, Karen Michelle – 02/20/1965
2) 1234 College Way NW, Apt. 56, Bellingham WA 98225
3) PO Box 910, Bellingham WA 98225
4) Same (or residence at the time of incident)
5) (360) 123-4567
6) KMSmith@hotmail.com
7) 08/09/2010 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 in item 7
9) Washington, Whatcom, Bellingham, Bellingham High School, Room 123
10) If applicable, I-5, Southbound, Milepost 255, near the Sunset Drive Exit
11) Bellingham School District
12) Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Bellingham WA 98225 (360) 456-3456
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 in #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 the names, addresses, telephone numbers and the type of treatment of all your medical providers. If you were treated for a personal injury, please include your medical records and bills.
18) Please attach any additional documents that support your claim.
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 you are filing a personal injury claim, please sign and attach the Authorization for Release of Protected Health Information form.

• If your claim involves a motor vehicle accident, please complete, sign, and attach the Vehicle Collision Form.
STANDARD TORT CLAIM FORM
General Liability Claim Form (SF 210)

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the Bellingham School District. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Standard Tort Claim forms cannot be submitted electronically (via email or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver to: Bellingham School District #501
Attention: Superintendent
1306 Dupont Street
Bellingham, Washington 98225

Business Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.
Closed on weekends and holidays.

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 or Cell

6. Claimant’s e-mail address: ____________________________

7. Date of the incident: __________ Time: _______ □AM □PM (check one)
   (mm/dd/yyyy)

8. If the incident occurred over a period of time, date of first and last occurrences:
   from __________ Time: _______ □AM □PM through __________ Time: _______ □AM □PM
   (mm/dd/yyyy) (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 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 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? Please attach a copy of the report or contact information.

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

18. Please attach documents which support the allegations of the claim.

19. I claim damages from the Bellingham School 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 country)

Or

Signature of Representative  Date and place (residential address, city and country)

Print Name of Representative  Bar Number (if applicable)
Authorization for Release of Protected Health Information (PHI) to Bellingham School District
Attention: Superintendent

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

Date of Birth: ___________
(mm/dd/yyyy)

I hereby authorize disclosure of my protected health information to the Bellingham School District for purposes of processing my claim for damages filed with the state of Washington.

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 or treatment records
- Pharmacy prescriptions and reports
- All letters and memos received or sent, including electronic mail, referencing my treatment, compliance with treatment and any other subject related to my medical treatment
- Information related to alleged sexual assault or sexually transmitted disease, including test results
- Urgent care, outpatient or other clinic visit information
- Gynecological and/or obstetrical information
- All 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
I understand the following: (PLEASE READ AND INITIAL ALL STATEMENTS)

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

_____ I understand that my health information may be subject to re-disclosure by Bellingham School District #501 and not protected for purposes of evaluating and investigating the claim I have filed with Bellingham School District.

_____ 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.

_____ I understand that I may revoke this authorization at any time by notifying Bellingham School District in writing, and that the revocation will be effective as of the date Bellingham School District 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.

_____ 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 Bellingham School District.

A Photostat of this Authorization carries the same authority as the original for purposes of releasing my records to Bellingham School District.

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 the records:

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

☐ Parent of minor
☐ Legal Guardian
☐ Personal Representative
☐ Other

To the Provider or Records Custodian:

Please send legible copies of all records to:

Bellingham School District
Attention: Superintendent
1306 Dupont Street
Bellingham, WA 98225
Please attach this form to your standard tort claim form, if the claim involves a vehicle collision.

<table>
<thead>
<tr>
<th>CLAIMANT'S NAME</th>
<th>DATE OF ACCIDENT (mm/dd/yyyy)</th>
<th>TIME AM ☐ PM ☐ PM ☐</th>
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<thead>
<tr>
<th>CURRENT STREET (RESIDENCE) ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>(RESIDENCE) STREET ADDRESS FOR SIX MONTHS PRIOR TO THE ACCIDENT</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
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<tr>
<td>State/County/City (if applicable) where occurred</td>
<td>STREET OR HWY</td>
<td>MILEPOST NO.</td>
<td>INTERSECTION OR NEAREST STREET/ROAD</td>
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<thead>
<tr>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>LICENSE PLATE NO.</th>
<th>WHERE CAN CAR BE SEEN?</th>
<th>WHEN?</th>
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<tr>
<th>NAME OF VEHICLE OWNER</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>HOME AND WORK PHONE</th>
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<thead>
<tr>
<th>NAME OF DRIVER</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>HOME AND WORK PHONE</th>
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<tr>
<th>DRIVER'S LICENSE NUMBER</th>
<th>STATE OF ISSUANCE</th>
<th>DATE OF EXPIRATION</th>
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<th>DESCRIBE DAMAGE</th>
<th>ESTIMATE $</th>
<th>YOUR INSURANCE COMPANY AND POLICY NO.</th>
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<th>MAKE</th>
<th>MODEL</th>
<th>LICENSE PLATE NO.</th>
<th>STATE AGENCY, IF KNOWN</th>
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<th>WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.</th>
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<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>INJURY</th>
<th>AGE</th>
<th>VEH 1</th>
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<th>NAME (ATTACH ADDITIONAL SHEETS IF NECESSARY)</th>
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<th>CITY</th>
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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.

<table>
<thead>
<tr>
<th>LIGHT CONDITIONS (CHECK ONE)</th>
<th>TRAFFIC CONTROL</th>
<th>TYPE OF ROAD (CHECK ONE OR MORE)</th>
<th>VEHICLE CONDITION (CHECK ONE OR MORE)</th>
<th>ROAD SURFACE</th>
<th>WEATHER (CHECK ONE)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>DAYLIGHT</td>
<td>VEHICLE NO. 1 NO. 2</td>
<td>VEHICLE NO. 1 NO. 2</td>
<td>VEHICLE NO. 1 NO. 2</td>
<td>VEHICLE NO. 1 NO. 2</td>
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<tr>
<td>2</td>
<td>DAWN</td>
<td>1</td>
<td>SIGNALS</td>
<td>1</td>
<td>ONE WAY</td>
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<tr>
<td>3</td>
<td>DUSK</td>
<td>2</td>
<td>STOP SIGN</td>
<td>2</td>
<td>TWO WAY</td>
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<tr>
<td>4</td>
<td>DARK STREET LIGHTS ON</td>
<td>3</td>
<td>FLASHING RED</td>
<td>3</td>
<td>REVERSIBLE ROAD</td>
</tr>
<tr>
<td>5</td>
<td>DARK STREET LIGHTS OFF</td>
<td>4</td>
<td>FLASHING AMBER</td>
<td>4</td>
<td>INTER-CHANGE LOOP RAMP</td>
</tr>
<tr>
<td>6</td>
<td>DARK NO STREET LIGHT</td>
<td>5</td>
<td>RR SIGNAL</td>
<td>5</td>
<td>ALLEY</td>
</tr>
<tr>
<td>7</td>
<td>OTHER (SPECIFY)</td>
<td>6</td>
<td>OFFICER/FLAGMAN</td>
<td>6</td>
<td>TWO-WAY, LEFT TURN LANES</td>
</tr>
<tr>
<td>8</td>
<td>NO TRAFFIC CONTROL</td>
<td>1</td>
<td>YIELD SIGN</td>
<td>1</td>
<td>SEPARATED</td>
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<tr>
<td>9</td>
<td>OTHER</td>
<td>2</td>
<td>NO TRAFFIC CONTROL</td>
<td>2</td>
<td>DIVIDED</td>
</tr>
</tbody>
</table>

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)