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COLUMBIA COUNTY, WASHINGTON  
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DAYTON, WA 99328

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## Standard Tort Claim Form Packet

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

### Law that Impacts Presenting a Standard Tort Claim Form

RCW 4.96 addresses how tortious claims are to be filed with Columbia County. Among the requirements are that Columbia County appoint an agent to receive any claim made under RCW4.96 and that the County present a Standard Tort Claim form for these purposes. In compliance with these requirements and for the convenience of citizens, Columbia County has developed a Standard Tort Claim Form Packet. This form is to be received by the Columbia County Risk Manager.

### Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form
3. Medical Authorization
4. 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 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:

Columbia County Risk Manager  
Office of the Prosecuting Attorney  
215 E. Clay St.  
Dayton, WA 99328

Business Hours: Monday – Friday 8:30 a.m. to 4:30 p.m.

Closed for lunch, weekends, and official State holidays

*None of the information within this packet constitutes legal advice, and should not be construed as such. Provision of this Standard Tort Claim Forms packet does not create any attorney/client relationship, and is provided solely as a courtesy by Risk Management.*

## 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.
- 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:

1. *Smith, Karen Michelle*
2. *111 Columbia Rd. Dayton, WA 99328*
3. *P.O. Box 910, Dayton WA 99328*
4. *Same (or residence at the time of incident) 5. 509-123-4567*
6. *KMS@localinternet.com 7. 8:00 a.m., August 9, 2008*
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, Columbia, Dayton, County Courthouse.*
10. *Columbia Rd., near 323 Columbia Rd. by the intersection of Starbuck Rd.*
11. *Sherriff's Office*
12. *Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Walla Walla WA 99362 (509) 456-3456; Tow Truck Driver, U-Wreck'em 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 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.*
16. *Please describe the incident that resulted in the injury or damages, specifically answering the questions of who, what, where, when, and why.*
17. *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.*
18. *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 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.

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# STANDARD TORT CLAIM FORM

*Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against Columbia County. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to the law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax).*

Mail or Deliver Original Claim to:

Columbia County Risk Manager  
Office of the Prosecuting Attorney  
215 E. Clay St.  
Dayton, WA 99328

Business Hours: Monday – Friday 8:30 a.m. to 4:30 p.m.  
Closed for lunch, 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 (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 the incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.
8. If the incident occurred over a period of time, date of first and last occurrences:  
From: Time: \_\_\_\_\_ a.m. p.m. to, Time: \_\_\_\_\_ a.m. p.m.





16. Has the incident been reported to law enforcement, safety, or security personnel? If so: when, by whom 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, and identify the attachments here:

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19. I claim damages from Columbia 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 City/County Signed