

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM

Before filing a Tort Claim, 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 claim can be easily read and understood.

The following are *examples* on how to complete the Tort Claim Form

- 1) Smith, James John – 02/20/1965
- 2) 1234 – 22nd Ave E. Tacoma, WA 98445
- 3) PO Box 123, Spanaway, WA 98387
- 4) Same (or residence at the time of incident)
- 5) (253) 123-4567
- 6) JJSmith@hotmail.com
- 7) 8/9/2010 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 8.
- 9) Washington, Pierce, Parkland, Campus of Pacific Lutheran University, Building number 22.
- 10) I-5, Southbound, Milepost 109, near the Canyon Road Exit
- 11) Pierce Transit
- 12) Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
- 13) List employee names if known or enter “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 13 and 14. 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 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.
- 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 Medical Release.

If your claim involves a motor vehicle accident, please complete, sign, and attach the vehicle accident form.