

Woodinville Fire & Rescue

Standard Tort Claim Form Packet

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

A new law that impacts presenting a Standard Tort Claim form

RCW 4.6.020, requires citizens to present the Standard Tort Claim form with the government entity named in their claim. The law requires local government entities to provide the Standard Tort Claim form 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. The Standard Tort Claim form may be submitted directly to Woodinville Fire & Rescue.

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 (for tort claims involving vehicle accidents/collisions)
5. Mandatory Medicare Beneficiary Reporting form

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:

Via Mail:
 Fire Chief
 Woodinville Fire & Rescue
 P.O. Box 2200
 Woodinville, WA 98072-2200

Via Delivery:
 Fire Chief
 Woodinville Fire & Rescue
 17718 Woodinville Snohomish Rd NE
 Woodinville, WA 98072-8509

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



Woodinville Fire & Rescue

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. Doe, John
 2. 1234 XYZ St., Apt. 01, Anycity, State Zipcode
 3. PO Box 123, Anycity, State Zipcode
 4. Same (or residence at the time of incident)
 5. (Area Code) 123-4567
 6. Email address
 7. 8:00 a.m., January 10, 2020
 8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time.
 9. Washington, King, City, Woodinville Fire & Rescue Fire Station No., parking lot
 10. If applicable, I-5, Southbound, mile post 000, near the XYZ exit
 11. Woodinville Fire & Rescue
 12. Dow, Jane, 1234 ABC St., Anycity, State Zipcode, (Area Code) 123-4567; Tow truck driver; Tow Truck Company
 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 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 for the person with whom you spoke.
 17. Please provide a list of all medical providers including names, addresses, telephone numbers, and the type of treatment provided. If you were treated for a personal injury, please include your medical records and bills.
 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.



13. Names, addresses, and telephone numbers of all state employees having knowledge of this incident:

14. Names, addresses, and telephone numbers of all individuals not already identified in #12 and #13 above who 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 damage(s). 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 telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

18. I claim damages from Woodinville Fire & Rescue in the sum of \$ _____

19. Please attach documents which support the claim's allocations.

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 county)

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative

Bar number (if applicable)

Woodinville Fire & Rescue

Authorization for Release of Protected Health Information (PHI) to Woodinville Fire & Rescue

Name: _____
Last First Middle initial or middle name

Date of Birth: Month _____ Day _____ Year _____

I hereby authorize disclosure of my protected health information to Woodinville Fire & Rescue for purposes of processing my claim for damages filed with Woodinville Fire & Rescue.

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; in patient 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 of treatment records, pharmacy prescriptions and reports.

All letters and memos received or sent, including electronic mail, referencing my 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 client records generated for or by governmental programs of which I am a client. Identify the program(s) by agency:

Financial records related to my care and treatment.



Woodinville Fire & Rescue

Authorization for Release of Protected Health Information (PHI) to Woodinville Fire & Rescue

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 Woodinville Fire & Rescue and not protected for purposes of evaluating and investigating the claim I have filed with Woodinville Fire & Rescue.

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 Woodinville Fire & Rescue in writing, and that the revocation will be effective as of the date Woodinville Fire & Rescue 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 Woodinville Fire & Rescue.

A photocopy of this Authorization carries the same authority as the original for purposes of releasing my records to Woodinville Fire & Rescue.

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:

Via Delivery

Fire Chief
 Woodinville Fire & Rescue
 17718 Woodinville Snohomish Rd NE
 Woodinville, WA 98072-8509

Via Mail

Fire Chief
 Woodinville Fire & Rescue
 P.O. Box 2200
 Woodinville, WA 98072-2200



Woodinville Fire & Rescue

Vehicle Collision Form

Please type or print in ink

Please attach this form to your Standard Tort Claim form if the claim involves a vehicle collision.

Complete All Details

Describe the 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. **A separate claim form must be submitted for each claimant.**

Claimant and Incident Information	Claimant Name <i>(a separate form must be completed for each claimant)</i>	Date of Accident <i>(mm/dd/yyyy)</i>	Time	<input type="checkbox"/> AM
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> PM
	Current Street (residence) Address	City	State	Zip
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone - Cell	Phone - Home	Phone - Work	Email
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street (residence) Address for 6 months prior to the accident	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
State/County/City <i>(if applicable)</i> where accident occurred	Street or Highway	Nearest Cross Street	Milepost No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



Vehicle Collision Form

Please type or print in ink

Your Vehicle Information - Vehicle #1

Year	Make	Model	License Plate No.	Location of Car (where can it be seen?)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Vehicle Owner		Phone - Cell	Phone - Home	Phone - Work	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Vehicle Owner Address			City	State	Zip
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Driver		Phone - Cell	Phone - Home	Phone - Work	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Driver Address			City	State	Zip
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's License Number		State of Issuance	Expiration Date	Estimated \$ Amount of Damage	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Your Insurance Company		Phone Number	Policy Number		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Describe Damage					
<input type="text"/>					

Other Vehicle Information - Vehicle #2

Year	Make	Model	License Plate No.	State Agency (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Vehicle Owner			Phone - Cell	Phone - Work	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Vehicle Owner Address			City	State	Zip
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Driver		Phone - Cell	Phone - Home	Phone - Work	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Driver Address			City	State	Zip
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Describe Damage (including estimated \$)					
<input type="text"/>					



Vehicle Collision Form

Please type or print in ink

Other Property Damage	Was other (non-vehicle) property damaged? If so, describe what type of property was damaged.			
	Name of Owner	Phone - Cell	Phone - Home	Phone - Work
	Owner Address	City	State	Zip
Describe Damage (including estimated \$)				

Injured Parties	Name	Address	Phone	Injury	Age	
	<input type="checkbox"/> Vehicle 1	<input type="checkbox"/> Vehicle 2	<input type="checkbox"/> Vehicle 3	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other	
	Name	Address	Phone	Injury	Age	
	<input type="checkbox"/> Vehicle 1	<input type="checkbox"/> Vehicle 2	<input type="checkbox"/> Vehicle 3	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other	
	Name	Address	Phone	Injury	Age	
	<input type="checkbox"/> Vehicle 1	<input type="checkbox"/> Vehicle 2	<input type="checkbox"/> Vehicle 3	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other	
	Name	Address	Phone	Injury	Age	
	<input type="checkbox"/> Vehicle 1	<input type="checkbox"/> Vehicle 2	<input type="checkbox"/> Vehicle 3	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other	

Witnesses	Witness Name	Phone - Cell	Phone - Home	Phone - Work
	Witness Address	City	State	Zip
	Witness Name	Phone - Cell	Phone - Home	Phone - Work
	Witness Address	City	State	Zip
	Witness Name	Phone - Cell	Phone - Home	Phone - Work
Witness Address	City	State	Zip	



Vehicle Collision Form

Please type or print in ink

<input type="checkbox"/> Straight Road <input type="checkbox"/> Curve – R or L <input type="checkbox"/> Level	<input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill	<input type="checkbox"/> One Lane <input type="checkbox"/> One and One-Half Lane <input type="checkbox"/> Two Lane or Four Lane
Mark Damaged Areas		
<p>Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.</p> <div style="text-align: center;"> </div> <p style="text-align: center;">IMPORTANT</p> <p>If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.</p>	<div style="text-align: center;"> </div>	<div style="text-align: center;"> </div>

Comments

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.

Claimant - Print Name

Residential Address (street, city, state, zip)

Claimant's Signature

Date Signed



