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CLARK COUNTY
WASHINGTON

GENERAL SERVICES

Risk Management

1 August, 2015

TO: Tort Claims against Clark County and/or its employees or
volunteers

From: Mark R. Wilsdon, Risk Manager

RE: New Claim Form and Procedures, Effective 1 August, 2015

The following form is the claim form utilized by Clark County. It is identical to the Washington State Risk Management, OFM Tort Claim Notice Claim Form.

The more information you provide, the more accurate we can be in our response. Please remember the investigation process may take some time. You are required to mitigate (minimize) your own losses. You may wish to look to your own insurer first if time is of the essence.

For a Tort Claim Notice to be effective it must be substantially complete and it must be delivered to:

Clark County Risk Management
Attn: Risk Manager
PO Box 5000
1300 Franklin St, Suite 644
Vancouver, WA 98666-5000

We will only accept service of your Tort Claim Notice to the County Risk Management Office. We will not accept e-mails, Fax, or other non-original Tort Claim Notices.

We will not accept letters from an Attorney or anyone else that does not complete the underlying Tort Claim Form completely. For the initial Tort Claim Notice, your Social Security number is not required; however, there may be occasion where we may need to complete processing of the claim and/or settlement.

Should you have any further questions, please contact us at 360-397-2025. Those who need TTY or other accommodations, please refer to the Clark County ADA Web Site.

STANDARD TORT CLAIM FORM

General Liability Claim Form #SF210

Pursuant to RCW 4.96, this form is for filing a tort claim against Clark County Washington. Information requested on this form is required by 4.09.100 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver Clark County Risk Management
Original claim Attn: Risk Manager
To: PO Box 5000
1300 Franklin St, Ste 644
Vancouver, WA 98666-5000

CLAIMANT INFORMATION

1. Claimant's Name: _____ Date of Birth: _____
Last First Middle (mm/dd/yy)

2. Current residential address: _____
Address City State Zip

3. Mailing address (if different) _____
Address City State Zip

4. Residential address at the time of incident (if different from current address):

Address City State Zip

5. Claimant's daytime telephone number (include area code): _____

6. Claimant's email address: _____

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____ am pm (check one)
(mm/dd/yy)

8. If the incident occurred over a period of time, date of first and last occurrences:
from _____, time: _____ am pm (check one) to _____, time _____ am pm (check one)
(mm/dd/yy) (mm/dd/yy)

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:

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 the 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?

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

18. Please attach documents which support the claim's allegations (photos, police reports, estimates, etc.)

19. I claim damages from Clark County in the sum of \$_____.

The Claimant must sign this 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

Date and place (residential address, city, and county)