

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

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., August 9, 2014
 - (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, King, City, Northshore Utility District office, parking lot
 - (10) If applicable, I-5, Eastbound, Milepost 000, near the XYZ Exit
 - (11) Northshore Utility District
 - (12) Doe, 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 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 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.
 - If medical care is involved, complete the Mandatory Medicare Beneficiary Reporting Form.