



Standard Tort Claim Form Packet

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

A New Law that Impacts Presenting a Standard Tort Claim Form

RCW 4.96, effective July 26, 2009, requires citizens to use the Standard Tort Claim Form to submit claims against Public Utility District No. 1 of Benton County (Benton PUD). For the convenience of customers, Benton PUD has modified its claim form to comply with these requirements.

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 Form – *required only for claims involving personal injury*
4. Vehicle Collision Form – *required only for 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 the Standard Tort Claim form to 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 Claim in Person or by Mail with Supporting Documents to:

Benton PUD
Attn: Treasury & Risk Management
2721 W 10th Ave
P.O. Box 6270
Kennewick, WA 99336

Business Hours: Monday-Thursday, 7:30 a.m. to 5:30 p.m.
Closed on weekends and Benton PUD holidays.

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 01/01/2001
 2. 1234 College Way NW, Apt. 56, Seattle WA 98178
 3. PO Box 910, Seattle WA 98178
 4. Same (or residence at the time of incident)
 5. 206-123-4567
 6. myname@hotmail.com
 7. 08/09/2008 5:00 -*check box for am or pm*
 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, Benton, Kennewick, Columbia Center Mall
 10. Hwy 395, Southbound, Milepost 109, near the Martin Way Exit
 11. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
 12. John Doe Lineman 509-123-1234
 13. 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.
 14. Please provide the extent of the damages or injuries and how they occurred.
 15. 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.
 16. 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.
 17. Please provide copies of any documents to support claim i.e., police report, incident report, etc.
 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.
- ✓ Medical Authorization Form - please complete, sign and attach **only** for personal injury claims.
- ✓ Vehicle Collision Form - please complete, sign and attach **only** for vehicle accident/collision claims.



**Medical Authorization Form
for Release of Protected Health Information (PHI)
to
Public Utility District No. 1 of Benton County**

(Required only for claims involving personal injury)

Name: _____
(Last First Middle Initial or Middle Name)

Date of Birth: _____
(mm/dd/yyyy)

I hereby authorize disclosure of my protected health information to the Public Utility District No. 1 of Benton County (Benton PUD), for purposes of processing my claim for damages.

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; inpatient 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 or 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) and agency: _____.

Financial records related to my care and treatment

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).

Initials

I understand that my health information may be subject to re-disclosure by Benton PUD and not protected for purposes of evaluating and investigating the claim I have filed with the State of Washington.

Initials

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.

Initials

I understand that I may revoke this authorization at any time by notifying Benton PUD in writing, and that the revocation will be effective as of the date Benton PUD 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.

Initials

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 Benton PUD.

Initials

A Photostat of this Authorization carries the same authority as the original for purposes of releasing my records to Benton PUD.

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:

Benton PUD
Attn: Treasury & Risk Management
2721 W 10th Ave
P.O. Box 6270
Kennewick, WA 99336

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.

CLAIMANT AND INCIDENT INFORMATION	CLAIMANT'S NAME (A SEPARATE FORM MUST BE COMPLETED FOR EACH CLAIMANT)				DATE OF ACCIDENT(mm/dd/yyyy)		TIME AM <input type="checkbox"/> PM <input type="checkbox"/>	
	CURRENT STREET (RESIDENCE) ADDRESS			CITY	STATE	ZIP	PHONE HOME WORK	
	(RESIDENCE) STREET ADDRESS FOR SIX MONTHS PRIOR TO THE ACCIDENT			CITY	STATE	ZIP	EMAIL	
	State/County/City (if applicable) where occurred				STREET OR HWY	MILEPOST NO.	INTERSECTION OR NEAREST STREET/ROAD	
YOUR VEHICLE INFORMATION (VEHICLE #1)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	WHERE CAN CAR BE SEEN?		WHEN?	
	NAME OF VEHICLE OWNER			ADDRESS	CITY	HOME AND WORK PHONE		
	NAME OF DRIVER			ADDRESS	CITY	HOME AND WORK PHONE		
	DRIVER'S LICENSE NUMBER			STATE OF ISSUANCE	DATE OF EXPIRATION			
	DESCRIBE DAMAGE				ESTIMATE \$	YOUR INSURANCE COMPANY AND POLICY NO.		
OTHER VEHICLE INFORMATION (VEHICLE #2)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE AGENCY, IF KNOWN			
	NAME OF OWNER			ADDRESS	CITY	PHONE		
	NAME OF DRIVER			ADDRESS	CITY	PHONE		
	DESCRIBE DAMAGE						ESTIMATE \$	
	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.							
OTHER NON-VEHICLE DAMAGE	NAME OF OWNER			ADDRESS	CITY	PHONE		
	DESCRIBE DAMAGE						ESTIMATE \$	
	NAME ADDRESS PHONE INJURY AGE VEH 1 VEH 2 VEH 3 PED OTH							
INJURED PARTIES				HOME WORK				
				HOME WORK				
				HOME WORK				
				HOME WORK				
				HOME WORK				
WITNESSES	NAME (ATTACH ADDITIONAL SHEETS IF NECESSARY)			ADDRESS	CITY	PHONE		
							HOME WORK	
							HOME WORK	
							HOME WORK	

COMPLETE ALL DETAILS

Describe 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.

<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
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Mark Damaged Areas

Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.

Indicate points of compass
N. E. S. W.

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IMPORTANT
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.

LIGHT CONDITIONS (CHECK ONE)	TRAFFIC CONTROL	TYPE OF ROAD (CHECK ONE OR MORE)	VEHICLE CONDITION (CHECK ONE OR MORE)	ROAD SURFACE (CHECK ONE)	WEATHER (CHECK ONE)
1 <input type="checkbox"/> DAYLIGHT	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> SIGNALS	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> ONE WAY	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DEFECTIVE BRAKES	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DRY	1 <input type="checkbox"/> CLEAR, CLOUDY & OVERCAST
2 <input type="checkbox"/> DAWN	<input type="checkbox"/> 2 <input type="checkbox"/> STOP SIGN	<input type="checkbox"/> 2 <input type="checkbox"/> TWO WAY	<input type="checkbox"/> 2 <input type="checkbox"/> DEFECTIVE HEADLIGHTS	<input type="checkbox"/> 2 <input type="checkbox"/> WET	2 <input type="checkbox"/> RAINING
3 <input type="checkbox"/> DUSK	<input type="checkbox"/> 3 <input type="checkbox"/> FLASHING RED	<input type="checkbox"/> 3 <input type="checkbox"/> REVERSIBLE ROAD	<input type="checkbox"/> 3 <input type="checkbox"/> DEFECTIVE REAR LIGHTS	<input type="checkbox"/> 3 <input type="checkbox"/> SNOW	3 <input type="checkbox"/> SNOWING
4 <input type="checkbox"/> DARK STREET LIGHTS ON	<input type="checkbox"/> 4 <input type="checkbox"/> FLASHING AMBER	<input type="checkbox"/> 4 <input type="checkbox"/> INTER-CHANGE LOOP RAMP	<input type="checkbox"/> 4 <input type="checkbox"/> TIRES WORN	<input type="checkbox"/> 4 <input type="checkbox"/> ICE	4 <input type="checkbox"/> FOG
5 <input type="checkbox"/> DARK STREET LIGHTS OFF	<input type="checkbox"/> 5 <input type="checkbox"/> RR SIGNAL	<input type="checkbox"/> 5 <input type="checkbox"/> ALLEY	<input type="checkbox"/> 5 <input type="checkbox"/> PUNCTURED OR BLOWN TIRES	<input type="checkbox"/> 5 <input type="checkbox"/> OTHER (SPECIFY)	5 <input type="checkbox"/> OTHER (SPECIFY)
6 <input type="checkbox"/> DARK NO STREET LIGHT	<input type="checkbox"/> 6 <input type="checkbox"/> OFFICER/FLAGMAN	<input type="checkbox"/> 6 <input type="checkbox"/> TWO WAY-LEFT TURN LANES	<input type="checkbox"/> 6 <input type="checkbox"/> OTHER (SPECIFY)	NAME OF INVESTIGATING POLICE AGENCY: _____ INVESTIGATING AGENCY REPORT NO. _____	
7 <input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> 7 <input type="checkbox"/> YIELD SIGN	<input type="checkbox"/> 1 <input type="checkbox"/> SEPARATED			
	<input type="checkbox"/> 8 <input type="checkbox"/> NO TRAFFIC CONTROL	<input type="checkbox"/> 2 <input type="checkbox"/> DIVIDED			
	<input type="checkbox"/> 9 <input type="checkbox"/> OTHER	<input type="checkbox"/> 3 <input type="checkbox"/> UNDIVIDED			

A separate claim form should be submitted for each claimant.

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.

Signature of Claimant

Date and Place (residential address, city and county)