EVERETT PUBLIC FACILITIES DISTRICT

Instructions for Completing a Tort Claim Form

- Before filing a Tort Claim, please read these instructions and then complete the Tort Claim Form and other appropriate forms in their entirety.
- Type or print clearly in ink and sign the 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, Karen Michelle, 02/02/1975
 - 2. 1234 College Way NW, Apt. 56, Everett WA 98201
 - 3. PO Box 910, Everett WA 98206
 - 4. Same (or residence at the time of incident)
 - 5. (425) 123-4567
 - 6. karen@email.com
 - 7. 08/08/2008, 8:00 am/pm
 - 8. If the incident that caused the damages occurred over a period of time, please provide the beginning date and time and the ending date and time.
 - 9. Washington, Snohomish, Everett, South Police Precinct
 - 10. Hewitt Avenue westbound near Lombard Avenue
 - 11. If the incident involves a vehicle accident/collision, please provide the requested information relating to your vehicle.
 - 12. Smith, Thomas Arthur, 1234 Everett Avenue, Everett WA 98201 (425) 456-3456
 - 13. If known
 - 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, e.g. if your sister was with you when the incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
 - 15. 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 the contact information for the person with whom you spoke.
 - 17. If you were treated for a personal injury, provide all of your medical providers' names, addresses, telephone numbers, and the type of treatment. Include your medical records and bills.
 - 18. Supporting documents
 - 19. Provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of the total compensation you are claiming.

Everett Public Facilities District					
Use Only					
EPFD Claim No.					
LFI D Claim No.					

TORT CLAIM FORM

Pursuant to Chapter 4.96 of the Revised Code of Washington (RCW), this form is for filing a tort claim against the Everett Public Facilities District. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. The General Manager is the Everett Public Facilities District's designated agent for the purpose of receiving claims. *Claim forms cannot be submitted electronically (via email or fax)*.

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Mail or deliver original signed claim form to: General Manager

Everett Public Facilities District

Business Hours: 2000 Hewitt Avenue, Suite 200

Mon. – Fri., 8:30 a.m. to 5 p.m., Pacific Time Everett, WA 98201 Closed on City of Everett holidays

CLAIMANT INFORMATION:

Name of street or highway

1. Claimant's name:

Last name	First		Middle	Date of birth
2. Current residential	address:			
3. Mailing address (if o	different):			
1. Residential address	at the time of the incident	(if different from current address)	:	
5. Claimant's telephor	ne number:			
5. Claimant's e-mail ac	Home ddress:	Cell	Busine	ss
NCIDENT INFORMA	ATION:			
7. Date of incident:	(mm/dd/yyyy)	Time :	_ a.m. p.m. (check c	ne)
	·	date of first and last occurrences: o.m. (check one) toTime:	a .m. □ p.m. (che	ck one)
(mm/dd/yyyy)				

At the intersection with or nearest intersecting street

11. If this claim involves a vehicle accident/collision	n, provide your vehicle informa				
		Plate No.	Make	Model	Year
Driver's Name different from driver)	Driver's Licens	se No.		Vehicl	e Owner(s) (if
Owner's Insurance Company	Phone No.			Policy No	
12. Names, addresses and telephone numbers of a	all persons involved in or witne	ess to this incident:			
13. Names, addresses and telephone numbers of a	all Everett Public Facilities Dist	rict employees haviı	ng knowledge ab	out this incident:	
14. Names, addresses and telephone numbers of liability issues involved in this incident, or knowle extent of each person's knowledge. Attach additio	edge of the Claimant's resulting				
15. Describe the cause of the injury or damages. Exif necessary.	xplain the extent of property l	oss or medical, phys	sical or mental in	juries. Attach addi	itional sheets
16. Has this incident been reported to law enforce	ement safety or security person	innel? If so, when ar	nd to whom?		
- 10. This this medicin been reported to law emoree	ment, salety of security perso	Tiller: II 30, When ar	a to whom:		
17. Names, addresses and telephone numbers of t	treating medical providers. Att	ach copies of all me	dical reports and	billings.	
18. Please attach documents that support the clair	m's allegations.				
19. I claim damages from the Everett Public Faciliti	ies District in the sum of \$		·		
This claim form must be signed by either the Claim the Claimant, or by an attorney at law admitted to					
I declare under penalty of perjury under the laws o	of the State of Washington tha	at the foregoing is tr	ue and correct.		
Signature of Claimant		Data			