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## Presenting Standard Tort Claims

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Chapter 4.92 RCW requires LOTT Clean Water Alliance (LOTT) to receive and process citizens' standard tort claims against the LOTT Clean Water Alliance. Engrossing Substitute House Bill 1553, effective July 26, 2009, requires citizens to present the Standard Tort Claim form with the LOTT Clean Water Alliance. The law also requires LOTT to post the Standard Tort Claim form on its website with instructions as to how it is to be presented. In compliance with these requirements and for the convenience of citizens, LOTT developed a Standard Tort Claim form.

### Presenting a Standard Tort Claim to LOTT

You can present a completed Standard Tort Claim form in person or mail it to LOTT. LOTT acknowledges receipt of a Standard Tort Claim by letter to the Claimant. For claim follow-up or acknowledgement questions, call (360) 528-5730.

### **IMPORTANT:**

- State law requires an original signature on the Standard Tort Claim form. This means Standard Tort Claim forms cannot be submitted electronically (fax or email). See presenting information below.
- The Standard Tort Claim form must be signed by the Claimant; or by a person holding a written power of attorney from the Claimant; or by the attorney in fact for the Claimant; or by an attorney admitted to practice in Washington State on the Claimant's behalf; or by a court-approved guardian ad litem on behalf of the Claimant.
- The length of the Standard Tort Claim investigation varies greatly depending on the complexity of the issues and the availability of documents and witnesses to support causation and damages. A Standard Tort Claim can be resolved and closed quicker when all relevant information and documents are provided initially for the investigator's consideration.

### Present In-Person or Mail the Standard Tort Claim Form and Supporting Documents to:

Farah Derosier  
Senior Paralegal  
LOTT Clean Water Alliance  
500 Adams Street NE  
Olympia, WA 98501

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.  
The business office is closed on weekends and observed holidays.

## STANDARD TORT CLAIM FORM

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the LOTT Clean Water Alliance. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Pursuant to the law, Standard Tort Claim forms cannot be submitted electronically (via email or fax).

### PLEASE TYPE OR PRINT IN INK

**Mail or deliver original claim to:** LOTT Clean Water Alliance  
Attn: Farah Derosier  
Senior Paralegal  
500 Adams Street NE  
Olympia, WA 98501

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

### CLAIMANT INFORMATION

1. Claimant's name: \_\_\_\_\_  
*Last First Middle Date of Birth (mm/dd/yyyy)*
2. Current residential address: \_\_\_\_\_
3. Mailing address (if different): \_\_\_\_\_
4. Residential address at the time of the incident (if different from current address):  
\_\_\_\_\_
5. Claimant's daytime telephone number: \_\_\_\_\_  
*Home Business*
6. Claimant's email address: \_\_\_\_\_

### INCIDENT INFORMATION

7. Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one)  
*(mm/dd/yyyy)*
8. If the incident occurred over a period of time, date of first and last occurrences:  
From: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one)  
To: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one)
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. Names, addresses, and telephone numbers of all individuals involved in or witness to this incident:

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12. Names, addresses, and telephone numbers of all LOTT employees having knowledge about this incident:

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13. Names, addresses, and telephone numbers of all individuals not already identified in Questions 11 and 12 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.

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14. Describe the cause of the injury or damages. Explain the extent of property damage, loss of medical, physical, or mental injuries. Attach additional sheets if necessary.

15. Has this incident been reported to law enforcement, safety, or security personnel? If so, when and to whom?

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

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17. Please attach documents which support the claim's allegations.

18. I claim damages from the LOTT Clean Water Alliance in the sum of \$\_\_\_\_\_.

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 (mm/dd/yyyy)*

\_\_\_\_\_  
*Address, City, and County*

Claim# \_\_\_\_\_

## Authorization for Release of Protected Health Information to the LOTT Clean Water Alliance

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle (mm/dd/yyyy)*

I hereby authorize disclosure of my protected health information (PHI) to the LOTT Clean Water Alliance (LOTT) for purposes of processing my claim for damages filed with LOTT.

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 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 memoranda 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
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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 LOTT and not protected for purposes of evaluating and investigating the claim I have filed with LOTT.

\_\_\_\_\_ 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 LOTT in writing, and that the revocation will be effective as of the date LOTT 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 LOTT.

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A photocopy of this Authorization carries the same authority as the original for purposes of releasing my records to LOTT.

Signature of Authorizing Individual:

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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

**Please send legible copies of all records to:**

Farah Derosier  
Senior Paralegal  
LOTT Clean Water Alliance  
500 Adams Street NE  
Olympia, WA 98501

# CLAIM FOR DAMAGES FORM

Date Claim Form  
Received by Member  
\_\_\_\_\_

**Member City/Organization:** \_\_\_\_\_

Please take note that \_\_\_\_\_, who currently resides at \_\_\_\_\_  
\_\_\_\_\_, mailing address \_\_\_\_\_  
\_\_\_\_\_, home phone number \_\_\_\_\_, work phone number \_\_\_\_\_, and  
who resided at \_\_\_\_\_ at the time of the occurrence and whose date of birth is \_\_\_\_\_,  
is claiming damages against \_\_\_\_\_ in the sum of \$ \_\_\_\_\_ arising out of the  
following circumstances listed below.

**Date of Occurrence:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location of Occurrence:** \_\_\_\_\_

**Description:**

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage.  
(Attach an extra sheet for additional information, if needed.)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

4. Have you submitted a claim for damages to your insurance company?  Yes  No

If so, please provide the name of the insurance company: \_\_\_\_\_  
and the policy number: \_\_\_\_\_

**\*\* ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY \*\***

License Plate # \_\_\_\_\_ Driver License # \_\_\_\_\_  
Type Auto: \_\_\_\_\_ (year) \_\_\_\_\_ (make) \_\_\_\_\_ (model)

<b>Driver:</b> _____ Address: _____ _____ Phone: _____	<b>Owner:</b> _____ Address: _____ _____ Phone: _____
<b>Passengers:</b> Name: _____ Address: _____ _____	Name: _____ Address: _____ _____

\* \* NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED \* \*

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

X \_\_\_\_\_  
*Signature of Claimant(s)*

X \_\_\_\_\_  
*Signature of Claimant(s)*

State of Washington

County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

My appointment expires: \_\_\_\_\_