



Orting Valley Fire and Rescue

Pierce County Fire District 18
P.O. Box 386 Orting, WA 98360
Phone: (360) 893-2221 Fax: (360) 893-8524

Resolution 2021-014

A RESOLUTION BY THE BOARD OF FIRE COMMISSIONERS OF PIERCE COUNTY FIRE PROTECTION DISTRICT NO. 18. ADOPTING A STANDARD FORM FOR TORT.

WHEREAS, pursuant to RCW 4.96.020, a local government entity is authorized to adopt a standard form for the presentation of any claim for tort damages against the entity.

NOW THEREFORE BE IT RESOLVED, by the Board of Commissioners of Pierce County Fire Protection District 18 as follows:

The tort claim form attached hereto as **Exhibit A** is hereby adopted as the standard tort claim form for ORTING VALLEY FIRE & RESCUE for purposes of RCW 4.96.020.

Adopted this 9th day of November 2021.


Margaret O'Harra Buttz-Commissioner Chair


Kevin Gorder-Commission Vice Chair


Arlene Dannat-Commissioner


Joe Palombi-Commissioner


Jason Bellerive-Commissioner



Kimberly Kemp-District Secretary

EXHIBIT A

STANDARD TORT CLAIM FORM

STANDARD TORT CLAIM FORM

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against Orting Valley Fire & Rescue. 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 new law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver to:

Attn: Richard A. Davis III Chmelik,
Sitkin & Davis, P.S. 1500 Railroad
Ave.
Bellingham, WA 98225

For Official Use Only

Business Hours: Mon. - Fri. 9:00 a.m. – 5:00 p.m.
Closed on weekends and official state holidays.

No.

CLAIMANT INFORMATION

1. Claimant's name:

Last name	First	Middle	Date of birth (mm/dd/yyyy)
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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
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6. Claimant's e-mail 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. to _____ Time: _____ a.m. p.m.
(mm/dd/yyyy) (mm/dd/yyyy)

9. Location of incident: _____
State, County and City, if applicable place where occurred

10. If the incident occurred on a street or highway:

Name of street or highway, milepost number, intersection with or nearest intersecting street

11. State/local 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 state 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 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? Please attach a copy of the report or contact information.

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

18. I claim damages from Orting Valley Fire & Rescue in the sum of \$ _____.

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

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 and place (residential address, city and county)

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative

Bar Number (if applicable)