PUBLIC UTILITY DISTRICT NO. 1
OF MASON COUNTY
N. 21971 Hwy. 101
Shelton, Washington 98584

BOARD OF COMMISSIONERS
MIKE SHEETZ, Commissioner
JACK JANDA, Commissioner
RON GOLD, Commissioner

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM

For the District to pay a claim, it is up to the claimant to specify how the damage was caused by negligence of the District's employees. Equipment failure or acts of nature (wind, lightening, trees, etc.) will not be reimbursed by the District. Please specify what negligence of the District's employees caused the damage.

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, Jane K. January 1, 1060
2. 1234 Hwy 101, Shelton WA 98584
3. P0 Box 12345, Shelton WA 98584
4. Same (or residence at the time of incident)
5. 360-123-4567 (H) 360-456-7890 (W)
6. jdoe@hotmail.com
7. August 9, 2010
8. 8:00 a.m.
9. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in Item 9
10. Hwy 101, Southbound, Milepost 109, near Potlatch State Park.
11. Doe, John Q., 1234 Hoodsport Way NW, Hoodsport WA 98584 (360) 456-3456; Tow Truck Driver, Acme Towing
12. Identify any PUD No. 1 personnel who have knowledge or list "Unknown"
13. Please provide the name of the District employee who you allege is responsible for the damages.
14. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why, e.g.: "PUD No. 1 truck failed to stop at stop sign and hit my vehicle".

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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. Attach any other documents which support your claim.

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. ****Please submit a statement or repair estimate from a qualified auto or appliance repair person who can identify the costs to repair the auto or appliance and the cause of damage. In addition, the District will only cover the repair or fair market value of damaged equipment and vehicles and NOT new substitute equipment and vehicles.*

19. If your claim involves a motor vehicle accident, please complete, sign, and attach the Vehicle Collision Form posted on the website.

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STANDARD CLAIM FORM

PLEASE TYPE OR PRINT IN INK

Please return to:

Steven Taylor
21971 N. Hwy 101Shelton, WA 98584

Business Hours: 8:00am - 5:00pm

PERSONAL INFORMATION

1. CLAIMANT'S NAME:

_____
Last Name First Middle

2. RESIDENCE ADDRESS CURRENT ADDRESS:

_____

3. MAILING ADDRESS (IF DIFFERENT):

_____

4. RESIDENTIAL ADDRESS AT TIME OF INCIDENT:

_____

5. CLAIMANT'S DAYTIME TELEPHONE: ( ) _____ ( ) _____
Home Business

6. CLAIMANT'S E-MAIL ADDRESS _____

INCIDENT INFORMATION

7. DATE OF INCIDENT: _____/_____/_____
month day year

8. TIME: _____ A.M. / P.M. (CIRCLE ONE)

9. IF THE INCIDENT OCCURRED OVER A PERIOD OF TIME PLEASE PROVIDED:

BEGINNING TIME: _____/_____/_____
month day year
ENDING TIME: _____/_____/_____
month day year

10. LOCATION OF INCIDENT:

_____
Address/Street/Mile Post City County

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11. NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS INVOLVED, OR WITNESS, TO THIS INCIDENT:

12. NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL DISTRICT EMPLOYEES HAVING KNOWLEDGE ABOUT THIS INCIDENT (ATTACH ADDITIONAL SHEETS, IF NECESSARY):

13. DISTRICT EMPLOYEE ALLEGEDLY RESPONSIBLE FOR DAMAGES/INJURY:_____

14. DESCRIBE CONDUCT AND CIRCUMSTANCES CAUSING INJURY OR DAMAGES, EXPLAINING EXTENT OF MEDICAL, PHYSICAL, OR MENTAL INJURIES (ATTACH ADDITIONAL SHEETS, IF NECESSARY):

15. LAW ENFORCEMENT/SECURITY/FIRE/EMERGENCY AGENCIES WHO RESPONDED TO THE INCIDENT (PLEASE INCLUDE REPORT OR CASE NUMBER IF AVAILABLE)
_____
_____
_____

16. NAME, ADDRESS, AND TELEPHONE NUMBER OF TREATING PHYSICIAN(S) AND ATTACH COPIES OF MEDICAL REPORTS AND BILLINGS:

17. PLEASE PROVIDE COPIES OF ANY DOCUMENTS, PICTURES, OR OTHER RECORDS THAT SUPPORT OR RELATE TO YOUR CLAIM. We will need you to provide the year, make and model for each item you claim was damaged such as appliances or vehicles.

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18. I / WE DO HEREBY CLAIM DAMAGES FROM _____ IN THE SUM OF $_____.

This claim form must be signed either:
(i) By the claimant, verifying the claim;
(ii) Pursuant to a written power of attorney, by the attorney in fact for the claimant;
(iii) By an attorney admitted to practice in Washington state on the claimant's behalf; or
(iv) By a court-approved guardian or guardian ad litem on behalf of the claimant.

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____

Signature of Claimant Date

How your claim will be processed:

1. Claimant submits claim and supporting material to the General Manager.
2. GM conducts an internal investigation to gather facts and review claim with senior staff team.
3. PUD attorney reviews claim and makes recommendation to either approve or deny the claim, or to send it to the PUD's insurance carrier for independent investigation and review.
4. After the investigation is completed, the claim is presented at following Board of Commissioners meeting for approval/denial if it does not need to be sent to the insurance carrier.
5. If the claim is denied, a letter is sent to the claimant explaining why it was denied.
6. If the claim is not initially denied by the Board of Commissioners, it will be sent to the PUD's insurance carrier for processing.
7. If the claim is approved, payment unless the amount is minimal, in which case it may be processed in the PUD's next accounting cycle.

No claims shall be considered without completion of the standard tort claim form and supporting documentation. No claims shall be presented to the Board of Commissioners without going through the investigation process, internal review and review by the PUD's attorney.