

# SOUTH COUNTY FIRE TORT CLAIM FORM

General Liability Claim Form #SF 210

For Official Use Only

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against South County Fire.

## PLEASE TYPE OR PRINT CLEARLY IN INK

**Mail or deliver original claim to** Rich Davis  
Chmelik Sitkin Davis  
1500 Railroad Avenue  
Bellingham, WA 98225  
Phone: (360) 671-1796  
Fax: (360) 671-3781

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

1. Claimant's name: \_\_\_\_\_  
Last name First Middle Date of birth (mm/dd/yyyy)
2. Inmate DOC number (if applicable): \_\_\_\_\_
3. Current residential address: \_\_\_\_\_
4. Mailing address (if different): \_\_\_\_\_
5. Residential address at the time of the incident: \_\_\_\_\_  
(if different from current address)
6. Claimant's daytime telephone number: \_\_\_\_\_  
Home Business or Cell
7. Claimant's e-mail address: \_\_\_\_\_
8. Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one)  
(mm/dd/yyyy)
9. If the incident occurred over a period of time, date of first and last occurrences:  
from \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
(mm/dd/yyyy) (mm/dd/yyyy)  
to \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
(mm/dd/yyyy) (mm/dd/yyyy)
10. Location of incident: \_\_\_\_\_  
State and county City, if applicable Place where occurred

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

Name of street or highway	Milepost number	At the intersection with or nearest intersecting street
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12. State agency or department you believe is responsible for damage/injury:

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13. Names and telephone numbers of all persons involved in or witness to this incident:

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14. Names and telephone numbers of all state employees having knowledge about this incident:

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15. Names and telephone numbers of all individuals not already identified in #13 and #14 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.

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16. Describe how the state of Washington caused your injuries or damages (**if your injuries or damages were not caused by the South County Fire, do not use this form. You must file your claim against the correct entity**). Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

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17. 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.

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18. Names, addresses and telephone numbers of treating medical providers. Submit copies of all medical reports and billings.

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19. Please attach documents which support the allegations of the claim.

20. I claim damages from the state of Washington in the sum of \$\_\_\_\_\_.

This Claim form must be signed by one of the following (check appropriate box).

- Claimant
- Person holding a written power of attorney from the Claimant
- Attorney in fact for the Claimant
- Attorney admitted to practice in Washington State on the Claimant's behalf
- 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)**

**Or**

\_\_\_\_\_  
**Signature of Representative**

\_\_\_\_\_  
**Date and place (residential address, city and county)**

\_\_\_\_\_  
**Print Name of Representative**

\_\_\_\_\_  
**Bar Number (if applicable)**