



TORT CLAIM FORM PACKET

Please carefully read all of the information in this packet before completing and presenting your Tort Claim Form.

Documents Contained in the Tort Claim Form Packet

- Tort Claim Form Information (page 1)
- Tort Claim Form Instructions (page 2)
- Tort Claim Form to be completed and returned to the Port of Seattle (page 3-5)
- Authorization for Release of Protected Health Information to be completed and returned to the Port of Seattle if applicable (page 6-7)

Legal Requirements for Presenting Tort Claim Forms

In order to verify the claim and supporting information, [RCW 4.96.020 \(3\)\(b\)](#) requires that the Tort Claim Form be signed:

- (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.

Tort Claim Forms can either be sent via e-mail to tortclaims@portseattle.org **OR** the Tort Claim Form and supporting documents can be mailed or hand-delivered to:

James Bliss, Risk Analyst **or**
Laricel Cambroner, Risk Claims Manager **or**
Jeff Hollingsworth, Risk Manager **or**
Ian Kohler, Risk Claims Specialist
Port of Seattle
2711 Alaskan Way
P. O. Box 1209
Seattle, WA 98111

Business hours: Monday through Friday 8:00 a.m. to 4:30 p.m.
Closed on weekends and holidays.

The Pier 69 Reception Desk can be contacted at (206) 787-3000 to schedule an in-person tort claim delivery.

Note that <https://www.portseattle.org/page/service-legal-documents> contains FAQs. If you have further questions about the claim process, please call (206) 787-6162.



TORT CLAIM FORM INSTRUCTIONS

Please read the information below before presenting a Tort Claim Form. Type or print clearly in ink.

CLAIMANT INFORMATION	Enter the name of the person, company, or entity asserting the claim. The claimant's name, date of birth, and contact information are required under RCW 4.96.02(3)(a) as well as the actual residence of the claimant at the time of presenting the claim and at the time the claim arose.
INCIDENT INFORMATION	<p>The following is required under RCW 4.96.020(3)(a):</p> <ul style="list-style-type: none"> • A description of the conduct and the circumstances that brought about the injury or damage; • A description of the injury or damage; • A statement of the time and place that the injury or damage occurred (<i>If the incident that caused the damages occurred over a period of time, please provide the beginning and ending date.</i>); • A listing of the names of all persons involved and contact information, if known; • A statement of the amount of damages claimed <p>Provide all requested information, names of any other injured parties, and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damage, receipts for repairs, wage loss information, and other documentation as appropriate. <i>If you need additional space, please attach extra pages.</i></p>
Signature	<p>In order to verify the claim and supporting information, RCW 4.96.020(3)(b) requires that the Tort Claim Form be signed:</p> <ul style="list-style-type: none"> • By the claimant, verifying the claim; • Pursuant to a written power of attorney, 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. <p><i>If this form is signed by someone other than the Claimant, please also print the name and title of the signer.</i></p>
Authorization for Release of Protected Health Information	If you are presenting a personal injury claim, please sign and attach the Medical Release form.



TORT CLAIM FORM

Pursuant to Chapter [4.96 RCW](#), this form is for filing a tort claim against the Port of Seattle. **Some of the information requested on this form as well as any supporting documents may be subject to public disclosure under the Public Disclosure Act ([RCW 42.56](#)).**

Tort Claim Forms can either be sent via e-mail to tortclaims@portseattle.org OR the Tort Claim Form and supporting documents can be mailed or hand-delivered to:

Laricel Cambronero, Risk Claims Manager **or**
James Bliss, Risk Analyst **or**
Jeff Hollingsworth, Risk Manager
Port of Seattle
2711 Alaskan Way
P. O. Box 1209
Seattle, WA 98111

Business hours: Monday through Friday 8:00 a.m. to 4:30 p.m.
Closed on weekends and holidays

CLAIMANT INFORMATION

If Individual

Claimant's Name: _____
Last First Middle

Date of Birth: _____

If Business/Entity

Business/Entity Name: _____

Name and Title of Representative: _____

Current Address: _____

Mailing Address (if different): _____

Address at Time of Incident: _____

Telephone number(s): _____
Personal Business

Email address: _____

INCIDENT INFORMATION

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Description of the conduct or circumstances that brought about the injury or damage:

Description of injury and/or damage:

Names, addresses and telephone numbers of all persons involved in or witness to this incident and of all Port of Seattle employees having knowledge of this incident:

Names, addresses and telephone numbers of all individuals not already identified that have knowledge regarding the liability issues involved in this incident or knowledge of claimant's damages. Please include a brief description of the nature and extent of each individual's knowledge.

Was this incident reported to law enforcement, Port of Seattle or other personnel? If so, list when and to whom. Please include the law enforcement case number and/or copy of the report.

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

Name, address, and telephone number of your employer. If claiming lost wages, please identify your position and rate of pay.

Amount of damages claimed: \$ _____

Please attach all documents which support the allegations and claimed damages.

This Tort 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.

Date

Signature

Printed Name/Title

Authorization for Release of Protected Health Information

Full Name: _____

Date of Birth: _____

Medicare/Medicaid Recipient: Yes _____ No _____

I hereby authorize disclosure of my protected health information for the purpose of processing my claim for damages filed with the Port of Seattle. Please send legible copies of all records to:

Port of Seattle, Risk Management
P. O. Box 1209
Seattle, WA 98111

I understand that by signing this document, I authorize the release of the following information:

Complete medical records 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 the provider as part of its medical record.

HIV test results and information related to HIV testing and/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 and/or treatment records.

Pharmacy prescriptions and reports.

All correspondence and documents 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.

I understand the following: (PLEASE READ AND **INITIAL** ALL STATEMENTS)

_____ My records are protected under HIPAA/PHI regulations (federal law) and the Washington State Health Care Information Act ([RCW 70.02](#)).

_____ My health information may be subject to re-disclosure by the Port of Seattle and not protected for purposes of evaluating and investigating the claim I have filed.

_____ The specific information to be disclosed in my medical record may include information relating to alcohol, drug or other controlled substance use, counseling referrals and/or a history of testing or treatment of HIV/AIDS.

_____ I may revoke this Authorization at any time by notifying the Port of Seattle, Risk Management, in writing. The revocation will be effective as of the date the Port of Seattle receives it. Any records obtained pursuant to this Authorization prior to the revocation will be deemed authorized by me for release.

_____ This Authorization will expire ninety (90) days from the date I sign it. I can also authorize a different time frame for this release to be valid.

A copy of this Authorization is as valid as the original.

_____ Date

_____ Signature