



## TORT CLAIM 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 Packet

- Tort Claim Packet General Information **(page 1)**
- Tort Claim FAQ **(page 2)**
- Tort Claim Form Instructions **(page 3)**
- Tort Claim Form to be completed and returned to the Port of Seattle **(page 4-6)**
- Authorization for Release of Protected Health Information to be completed and returned to the Port of Seattle if applicable **(page 7-8)**

### Legal Requirements for Presenting a Tort Claim

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](mailto:tortclaims@portseattle.org) **OR** the Tort Claim Form and supporting documents can be mailed or hand-delivered to:

Laricel Cambronero, Risk Claims Manager **OR**  
Jeff Hollingsworth, Risk Manager **OR**  
Ian Kohler, Risk Claims Specialist  
Port of Seattle – Pier 69  
2811 Alaskan Way S  
Seattle, WA 98121

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

If you have further questions about the claim process or to schedule an in-person Tort Claim delivery, call (206) 673-7888.



## **TORT CLAIM FAQ**

### **What is a tort claim?**

A Tort Claim is a request for payment for a loss, injury or damages that you may have incurred in an incident/accident. The Port of Seattle reviews all Tort Claims. Records you submit may be subject to public disclosure laws.

### **How long do I have to file a claim?**

You must file your Tort Claim within the state statute of limitations. A Tort Claim Form must be presented to the Port of Seattle at least 60 days prior to filing a lawsuit.

### **I filled out a report when I was involved in the accident; do I still need to file a claim?**

Yes, if you wish to pursue a claim against the Port of Seattle, a Tort Claim Form is required.

### **I was injured. Who is going to pay my medical expenses?**

The Port does not automatically pay for medical expenses the way a traditional insurance company may handle a claim. You are responsible for all medical expenses that you incur. If you believe the Port of Seattle is liable for your injuries, you must file a Tort Claim Form for damages.

### **How do I check the status of my claim?**

An adjuster will be assigned to your file, they are the best person to provide a claim status. If you do not have your adjuster's contact information, call the Port of Seattle Risk Management at (206) 673-7888 during normal business hours (Monday through Friday 8:00 a.m. to 4:30 p.m.). Every effort will be made to return calls within 1-2 business days of receipt.

### **What if my claim is denied and I disagree with that outcome?**

If you have additional information to substantiate your claim, please present any new evidence to your adjuster who can determine if the reopening of your file is warranted. You may also consult an attorney at your own expense regarding other options.

### **What happens if my claim is tendered to a third party?**

The adjuster may determine that the allegations you have cited on your claim form fall under the responsibility and oversight of a different entity, separate from the Port of Seattle. The adjuster will tender your file to that entity for handling. Once the Port's tender has been accepted by the third-party entity, the Port will advise you of your new point of contact. The third party will takeover the investigation and make the final determination regarding your claim.

### **Where can I get translation help?**

Call the Port of Seattle Risk Management at (206) 673-7888 during normal business hours (Monday through Friday 8:00 a.m. to 4:30 p.m.). Every effort will be made to return calls within 1-2 business days of receipt.

## 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 <a href="#">RCW 4.96.02(3)(a)</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 <a href="#">RCW 4.96.020(3)(a)</a>:</p> <ul style="list-style-type: none"> <li>• A description of the conduct and the circumstances that brought about the injury or damage;</li> <li>• A description of the injury or damage;</li> <li>• 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>);</li> <li>• A listing of the names of all persons involved and contact information, if known;</li> <li>• A statement of the amount of damages claimed</li> </ul> <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, <a href="#">RCW 4.96.020(3)(b)</a> requires that the Tort Claim Form be signed:</p> <ul style="list-style-type: none"> <li>• By the claimant, verifying the claim;</li> <li>• Pursuant to a written power of attorney, by the attorney-in-fact for the claimant;</li> <li>• By an attorney admitted to practice in Washington state on the claimant's behalf; or</li> <li>• By a court-approved guardian or guardian ad litem on behalf of the claimant.</li> </ul> <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](mailto:tortclaims@portseattle.org) **OR** the Tort Claim Form and supporting documents can be mailed to:

Laricel Cambronero, Risk Claims Manager **OR**  
Ian Kohler, Risk Claims Specialist **OR**  
Jeff Hollingsworth, Risk Manager  
Port of Seattle  
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: \_\_\_\_\_



## TORT CLAIM FORM

### 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.



## TORT CLAIM FORM

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.



## AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH 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