TORT CLAIM PACKET

Please carefully read all 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 Frequently Asked Questions - FAQ (**page 2)**
- Tort Claim Form Instructions **(page 3)**
- Tort Claim Form to be completed and returned to the Port of Tacoma/Northwest Seaport Alliance **(page 4-6)**
- Authorization for Release of Protected Health Information to be completed and returned to the Port of Tacoma/Northwest Seaport Alliance 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 Sara Kern at skern@portoftacoma.com (preferred method) ***OR*** the Tort Claim Form and supporting documents can be delivered to:

Port of Tacoma or NWSA Claims	**For NWSA claims only,** you may also hand-deliver to**:**
Mailing Address: Attention: Sara Kern P.O. Box 1837 Tacoma, WA 98401 **OR**, hand-delivered by **appointment** only to: Sara Kern (authorized agent) One Sitcum Plaza Tacoma, WA 98421	Jeff J. Hollingsworth (NWSA authorized agent) 2711 Alaskan Way Seattle WA 98121 Or, Laricel Cambronero (NWSA authorized agent) 2711 Alaskan Way Seattle WA 98121

If you have further questions about the claim process including how or where to deliver call Sara Kern at (253) 888-4761 or visit the Port of Tacoma or Northwest Seaport Alliance Website for more information.

TORT CLAIM Frequently Asked Questions (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 stemming from an incident or accident. The Port of Tacoma/Northwest Seaport Alliance 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 the appropriate documents within the statute of limitations. Please consult a legal professional if you have legal questions about the process or the statute of limitations. A Tort Claim Form must be presented to the agency 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 Tacoma/Northwest Seaport Alliance, a valid Tort Claim Form is required.

I was injured. Who is going to pay my medical expenses?
Port of Tacoma/Northwest Seaport Alliance 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 Tacoma and/or The Northwest Seaport Alliance is liable for your injuries, you must file a Tort Claim Form for damages and will receive a single payment at the conclusion of treatment.

How do I check the status of my claim?
Please contact Emily Lindsey at elindsey@portoftacoma.com to check on the status of your claim.

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 Risk Management, they will determine if a reopening of your file or further investigation is warranted. You may also consult an attorney at your own expense regarding other options available to you. Reopening a claim does not guarantee settlement.

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 Tacoma or The Northwest Seaport Alliance. Risk Management will tender your file to that entity for handling. Once sent, you will be advised of that action. The third party will be responsible for the investigation and making the final determination regarding your claim. Acceptance of a tendered claim does not obligate the third party to pay the claim.

How do I know if I should file my claim against the Port of Tacoma or the Northwest Seaport Alliance?
For purposes of this claim form, it does not matter. The Port of Tacoma and the Northwest Seaport Alliance are separate legal entities but have agreed to share the same risk management team, and to accept claims on the same claim form. Additionally, it is the practice of the Port of Tacoma and the Northwest Seaport Alliance risk management team to advise if a claim has been submitted against the wrong entity.

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	The following is required under RCW 4.96.020(3)(a): • 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 (*If the incident that caused the damages occurred over a period of time, please provide the beginning and ending date.);* • A listing of the names of all persons involved and contact information, if known; • A statement of the amount of damages claimed 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. *If you need additional space, please attach extra pages.*
Signature	In order to verify the claim and supporting information, RCW 4.96.020 (3)(b) requires that the Tort Claim Form be signed: • 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. *If this form is signed by someone other than the Claimant, please also print the name and title of the signer.*
Authorization for Release of Protected Health Information	If you are presenting a personal injury claim, please sign and attach the Authorization for Release of Protected Health Information.

TORT CLAIM FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Port of Tacoma or The Northwest Seaport Alliance. ***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 skern@portoftacoma.com (preferred method) ***OR*** the Tort Claim Form and supportingdocuments can be mailed to:

Port of Tacoma or NWSA Claims	**For NWSA claims only,** you may also hand-deliver to**:**
Mailing Address: Attention: Sara Kern P.O. Box 1837 Tacoma, WA 98401 **OR**, hand-delivered by **appointment** only to: Sara Kern (authorized agent) One Sitcum Plaza Tacoma, WA 98421	Jeff J. Hollingsworth (NWSA authorized agent) 2711 Alaskan Way Seattle WA 98121 Or, Laricel Cambronero (NWSA authorized agent) 2711 Alaskan Way Seattle WA 98121

For instructions on how to file a Northwest Seaport Alliance Claim in Seattle please contact Sara Kern at (253) 888-4761 or visit Northwest Seaport Alliance for further instructions.

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

Agency Responsible for the Incident (Port of Tacoma or The Northwest Seaport Alliance): _____

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 Tacoma and/or The Northwest Seaport Alliance 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 Tacoma and/or The Northwest Seaport Alliance personnel? If so, list when and to whom. Please include the law enforcement agency and 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.

Total 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

for the Port of Tacoma and/or the Northwest Seaport Alliance

ONLY REQUIRED FOR PERSONAL INJURY CLAIMS

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 Tacoma/Northwest Seaport Alliance. Please send legible copies of all records to:

Attention: Sara Kern
Port of Tacoma/NWSA Risk Management
P.O Box 1837
Tacoma, WA 98401

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.

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

for the Port of Tacoma and/or the Northwest Seaport Alliance

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 Tacoma/NWSA 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 Tacoma/NWSA, Risk Management, in writing. The revocation will be effective as of the date the Port of Tacoma/NWSA 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 for the Port of Tacoma/Northwest Seaport Alliance is as valid as the original.

_____ _____

Date Signature