



No. \_\_\_\_\_

## Tort Claim Form

1135 East Hillsboro, Suite A  
P.O. Box 1006  
Pasco, WA 99301  
Ph: (509) 547-1735 Fax: (509) 547-8669  
WWW.SCBID.ORG

Please complete the Tort Claim Form giving specific details about your damage or loss. Type or print legibly. Include dates, times and relevant witness information. It is to your advantage to present relevant supporting documents (receipts, canceled checks, estimates, billings, etc.) or additional evidence (photos, diagrams, etc.) with your claim. Attach additional sheets if necessary to describe the requested information. Sign and date the completed form and mail or deliver to John O'Callaghan, Secretary/Manager at the South Columbia Basin Irrigation (SCBID) District office.

Notice: Damages cannot be paid by SCBID unless a claim form complying with Washington State Law is presented to the Secretary/Manager. All submitted documents are subject to the Washington State Public Records Act. The submitted form must contain an original signature. Copies, facsimiles or forms without an original signature will be rejected.

### **Claimant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Cell. Ph.: \_\_\_\_\_ Other Ph.: \_\_\_\_\_ Email: \_\_\_\_\_

### **Incident Information**

Address/Location of Incident: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ \$ Claimed: \_\_\_\_\_

The legal owner of the damaged property described herein is: \_\_\_\_\_

Describe the Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how SCBID caused your injuries or damages:

\_\_\_\_\_  
\_\_\_\_\_

Please provide name, address and phone number for any witnesses:

1) _____	2) _____	3) _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please identify the entity or agent and time of any reports made to law enforcement, safety or security personnel:

---

---

Please describe in detail the value and extent of the property damage to your home, vehicle, or personal property. Attach estimates, bills, or other documentation of damages:

---

---

---

---

---

---

Has a claim been made to your property insurance company:  No  Yes

If yes, name of property insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Has a claim been made to your auto insurance company:  No  Yes

If yes, name of auto insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

Claimant's Vehicle Information (if involved in the incident):

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License number: \_\_\_\_\_

Were you injured:  No  Yes

If you were injured, please describe your injury and identify your doctor(s) and/or healthcare provider(s):

---

---

---

---

Are you still receiving medical treatment:  No  Yes

Have you lost wages due to the incident:  No  Yes

If you have lost wages, please list your employer, employer's address, telephone number, your rate of pay and the type of work you do:

---

---

---

---

This 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."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

City, State: \_\_\_\_\_