STANDARD TORT CLAIM FORM
General Liability Claim Form #SF 210

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the state of Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Pursuant to the law, Standard Tort Claim forms cannot be submitted electronically (via email or fax).

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail to:                      Deliver to:
City Clerk’s Office          City Hall
P.O. Box 94728               600 Fourth Avenue, 3rd Floor
Seattle, WA 98124-4728        Between James St. and Cherry St.

Business Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.
Closed on weekends and official City of Seattle 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 ______________________(mm/dd/yyyy) Time: ______________________ a.m. □ p.m. □
   (mm/dd/yyyy)
   to _______________________ (mm/dd/yyyy) Time: ______________________ a.m. □ p.m. □
   (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:

<table>
<thead>
<tr>
<th>Name of street or highway</th>
<th>Milepost number</th>
<th>At the intersection with or nearest intersecting street</th>
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</thead>
</table>

12. State agency or department alleged responsible for damage/injury:

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

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

15. Names, addresses 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.

16. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.
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.

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

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 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 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)