

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. Information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Claims involving accidents with vehicles operated by state employees should be filed on a Standard Vehicle Accident Claim Form (#SF 138), not this form. Claim forms cannot be submitted electronically (via e-mail or fax).

For Official Use Only

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to: Office of Financial Management
Risk Management Division
300 General Administration Building
Post Office Box 41027, MS: 41027
Olympia, Washington 98504-1027

No.

CLAIMANT INFORMATION

1. Claimant's name:

Last name *First* *Middle* *Date of birth (mm/dd/yyyy)*

2. Current residential address: _____

3. Mailing address (if different): _____

4. Residential address for six months prior to the date of the incident (if different from current address):

5. Claimant's daytime telephone number: _____
Home *Business*

6. Claimant's e-mail address: _____

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)

8. If the incident occurred over a period of time, date of first and last occurrences:
from _____ Time: _____ a.m. p.m. (check one) to _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy) *(mm/dd/yyyy)*

9. Location of incident: _____
State and county *City, if applicable* *Place where occurred*

10. If the incident occurred on a street or highway:

Name of street or highway *Milepost number* *At the intersection with or nearest intersecting street*

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

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

