

TO: CLAIMANT
FROM: PUBLIC UTILITY DISTRICT No. 2 OF PACIFIC COUNTY AUDITOR

Public Utility District No. 2 of Pacific County offers this Standard Tort Claim as a request for consideration for reimbursement of damages incurred. The District adopted service policies in the interest of, “efficiency, economy, appearance, safety, and good operating practices in the distribution of electric energy” to its customers in 1978. The details and specifications of these policies are written to conform to national, state, county, and city laws governing the electrical industry and are not intended to violate such laws.

In addition, the District adopted Resolution 1069 that became effective January 1, 1993. **Section 6.16.010** of our policy states “The District shall exercise reasonable diligence and care to provide an adequate supply of uninterrupted electric service...” and “The District assumes no liability for any loss or damage (personal and/or property) if such interruption, fluctuation, suspension or curtailment is caused by any of the following:” (A) states “...Interruption of electrical service beyond the Districts’ reasonable control, including but not limited to wind, acts of the elements of God, flood, fire, injunction of the court, government order, labor dispute, strike, insurance or riot, power supply failure, equipment failure on the Districts’ system, load shedding scheme, electrical disturbances originating on the District’s own system or any interconnected system, and acts or omissions of third parties...”. **Section 6.12.040 (A)** states “the customer shall be responsible for the protection of his equipment from the effects of high voltage, low voltage, over current, single phasing, phase reversal, non-sequential shut-down or start-up, and momentary interruptions. Such protection shall be in the form of relays, fuses, circuit breakers and motor starters in accordance with the latest electrical codes”. A copy of these policies may be provided with an explanation of the claim acceptance or denial and are available upon request. No employee or representative of the District has any authority to waive, alter or amend in any respect these policies or make any agreement inconsistent therein.

Any promises, agreement, or representation by any District employee with reference to approval of this claim will not be binding on the District unless the same shall be in writing, signed by the manager or his authorized representative.

Any person submitting a claim for damages which is later proven to be invalid with the intent to misrepresent the damages, will be subject to prosecution in accordance with the law.

All claims will be investigated and if the claim is deemed acceptable all reasonable damages will be reimbursed. The attached Standard Tort Claim Form must be completed and returned to our office to begin the process. The following is a brief overview of the claim process:

1. The auditor must be notified of any damaged equipment when the customer first inquires about a damage claim and reserves the right to view this equipment before it is repaired or replaced.
2. Any damaged item(s) of an approximate value of **\$100.00** or more must be accompanied by a service order estimating the cost to repair or noting that the item is beyond repair.
3. Any payment by the District for replacement or repairs to damaged equipment has to be approved by the Auditor. The PUD reserves the right to accept/deny any claim based on our investigation. The customer assumes all risk for incurred repair costs or replacement of damaged items if the PUD denies the claim.
4. A **Standard Tort Claim Form** must be completed, notarized and returned to the PUD with attached invoices and/or receipts. The claim will be investigated and the Districts’ Auditor will mail a letter to you after the incident has been reviewed. If you have not received an answer within thirty days you should contact the PUD.
5. If your claim has been accepted, the Auditor will process the claim and notify you when you may pick up your check. A **Release of All Claims Form** must be completed, signed and notarized to receive payment. If your claim has been denied, you may wish to file a claim with your insurance company.

If you have any questions, please contact Renae Powell, Auditor, at (360) 942-2411, (360) 484-7454, or (360) 642-3191.

This page intentionally left blank

Standard Tort Claim Form Packet

Please *carefully read all of the information in this packet* before completing and presenting your Standard Tort Claim.

A New Law that Impacts Presenting a Standard Tort Claim Form

Engrossed Substitute House Bill 1553 requires citizens to present the Standard Tort Claim for all claims filed with Public Utility District No. 2 of Pacific County. The law also requires the District to post on its website the Standard Tort Claim form with instructions. This Tort Claim Form Packet has been developed to meet these requirements and for the convenience of our customers.

Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form
3. Vehicle Collision Form (only for tort claims involving vehicle accidents/collisions)

Legal Requirements for Presenting Standard Tort Claim Forms

In order to verify the claim and additional supporting information, the law requires that the Standard Tort Claim Form be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney in fact for the Claimant; or
- Attorney admitted to practice in Washington State of the Claimant's behalf; or
- A court-approved guardian or guardian ad litem on behalf of the Claimant

Present in Person or Mail the Standard Tort Claim Form and Supporting Documents to:

Public Utility District No. 2 of Pacific County
405 Duryea St
P O Box 472
Raymond, WA 98577

Business Hours: Monday-Friday, 08:00 a.m. to 05:00 p.m.
Closed on weekends and official PUD holidays.

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM

- Before presenting a Standard Tort Claim form, please read these instructions, the Standard Tort Claim form, and other appropriate forms in their entirety.
- Type or print clearly in ink and sign the Standard Tort Claim form.
- Provide all requested information and any available documents or evidence supporting your claim, such as photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your Standard Tort Claim form can be easily read and understood.
- The following are examples on how to complete the Standard Tort Claim Form
 1. Smith, Karen Michelle
 2. 1234 college Way NW, Apt 56, Seattle WA 98178
 3. P O Box 910, Seattle WA 98178
 4. Same (or residence at the time of incident)
 5. 206-123-4567
 6. mickey1@yahoo.com
 7. 08:00 a.m., August 9, 2008
 8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time.
 9. Washington, Thurston, Campus of South Puget Sound Community College, Building #22
 10. I-5, Southbound, Milepost 109, near the Martin Way Exit
 11. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
 12. Unknown
 13. List all other witness having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 11 and 12. Also include a description of their knowledge. For examples, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
 14. Please describe the incident that results in the injury or damages, specifically answering the questions who, what, where, when, and why.
 15. If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
 16. Complete page seven listing all damages. Please attach documents which support your claim.
 17. Please provide the dollar amount for your damages.
 18. Notary services are provided in the Raymond and Long Beach offices at no charge for your convenience.

STANDARD TORT CLAIM FORM
General Liability Claim Form

Pursuant to chapter 4.92 RCW, this form is for filing a tort claim against Public Utility District No. 2 of Pacific County. Some of the information requested on this forms is required by RCW 4.92.100 and may be subject to public disclosure.

Pursuant to the new law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax).

For Official Use Only

Claim No.

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to Public Utility District No. 2 of Pacific County
Attn: Auditor
P O Box 472
405 Duryea St
Raymond, WA 98577

CLAIMANT INFORMATION

- 1. Claimant's name _____
Last Name First Middle Date of Birth (mm/dd/yy)
- 2. Current residential address: _____
- 3. Mailing address (if different) _____
- 4. Residential address at the time of the incident (if different from current address): _____
- 5. Claimant's daytime telephone number: _____
Home Business Cell
- 6. Claimant's e-mail address: _____

INCIDENT INFORMATION

- 7. Date of incident _____ Time _____ AM / PM (circle one)
(mm/dd/yy)
- 8. If the incident occurred over a period of time, date of first and last occurrences:
From _____ Time _____ AM / PM (circle one) to _____ Time _____ AM / PM (circle one)
(mm/dd/yy) (mm/dd/yy)
- 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. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

12. Names, address and telephone numbers of Pacific County PUD #2 employees having knowledge about this incident:

13. Names, addresses and telephone numbers of all individuals not already identified in #11 and #12 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.

14. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries.

15. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

16. Please attach documents which support the claim's allegations. See Page seven for specific information requirements. Attach copies of all estimates and repair statements and additional sheets of damaged items if necessary.

17. I claim damages from Public Utility District No. 2 of Pacific County in the sum of \$ _____.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. FAILURE TO DO SO WILL DELAY PROCESSING OF YOUR CLAIM. THIS TORT CLAIM MUST BE SIGNED BY THE CLAIMANT IN THE PRESENCE OF A NOTARY.

State of Washington, County of _____

_____ being first duly sworn on oath, deposes and states that _____ has read the foregoing claim, knows the contents thereof and believes the same to be true and correct.

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)

Notary Public in and for the State of Washington residing at

My appointment expires _____

