
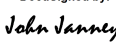
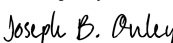

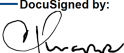


PEND OREILLE COUNTY PUD

Document Title: <p style="text-align: center;">Damage Claim Policy</p>	Effective Date: <p style="text-align: center;">June 4, 2024</p> Original Date: February 1, 2022	Code: <p style="text-align: center;">Operating</p>
Document Owner, Title: Sarah Holderman, Director of Customer Services & Treasurer <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> DocuSigned by:  <small>9433CFE312E24A1...</small> </div> <hr/> Reviewed By, Title: John Janney, General Manager <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> DocuSigned by:  <small>D8C40F2A3A024BD...</small> </div>	Document Type: <p style="text-align: center;">POLICY</p> Audience: District wide	Confidentiality Category: <p style="text-align: center;">PUBLIC</p>
Approved By, Title: Board of Commissioners <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> DocuSigned by:  <small>97A940386E274EA...</small> </div> <hr/> Joseph B. Onley, President <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> DocuSigned by:  <small>26A5F35889C646B...</small> </div> <hr/> Dave Rick, Vice President <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> DocuSigned by:  <small>C8DC477634BA478...</small> </div> <hr/> Curtis J. Knapp, Secretary	Approved Date: <p style="text-align: center;">June 4, 2024</p>	Next Review Date: <p style="text-align: center;">Based on the District's needs</p>

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I. Introduction

A. Purpose and Scope

The purpose of this Damage Claim Policy ("Policy") is to provide District employees and claimants with a clear process for submitting and processing claims for damages under chapter 4.96 RCW.

B. Consistency with Applicable Laws and Regulations

This Policy shall be administered and construed consistent with all then-applicable laws, regulations, or orders, and nothing in this Policy shall be administered or construed inconsistent with any then-applicable laws, regulations, or orders. This Policy shall be deemed automatically modified whenever there is a change in applicable laws or regulations referenced in this Policy. The District will endeavor to update this Policy as often as possible to reflect any changes in applicable laws, regulations, or orders. In the event a question or dispute arises regarding the subject matter of this Policy which requires its interpretation or construction, the issue will be first resolved by the District's Director of Customer Services, and second and finally by the District's General Manager.

This Policy shall apply to all claims for damages arising under chapter 4.96 RCW, including specifically claims for alleged tortious conduct of the District, or the District's officers, employees, or volunteers, acting in such capacity. To the extent claims for alleged tortious conduct require claimants to follow processes or pursue remedies under separate laws or regulations, the process described in this Policy is supplemental to, and shall not be construed as a waiver of, those separate processes or remedies.

C. Persons Responsible for Implementing this Policy

- District Agent – Designated by the District's Board of Directors to receive claims for damages under chapter 4.96 RCW, and transmitting such claims either to the appropriate persons for processing in accordance with this Policy.
- Legal Counsel – Responsible for reviewing investigation of all claims in excess of \$10,000.
- Risk Committee – The District's Enterprise Risk Committee, responsible for reviewing all damage claims, considering approval or denial of claims valued at or below \$25,000, and making recommendations to the Board of Commissioners for all damage claims in excess of \$25,000.
- General Manager – Responsible for chairing the Risk Committee, authorizing the final approval or denial of all claims valued at or below \$25,000, and authorizing final recommendations to the Board of Commissioners for all claims in excess of \$25,000.
- Board of Commissioners – The District's Board of Commissioners, responsible for reviewing, approving, and maintaining this Policy, and for considering all claims in excess of \$25,000.
- Clerk of the Board – Responsible for maintaining records of all submitted damage claims and related correspondence or files.

D. No Provision of Legal Advice

Neither the District nor any of its employees or agents may provide legal advice to claimants or any other persons. Nothing in this Policy or in related documents (e.g., the District's standard damage claim form) shall be construed as providing legal advice.

II. Filing a Claim

All persons wishing to file a claim for damages under chapter 4.96 RCW shall present such claim using the District's standard damage claim form, which is attached to this Policy as **Exhibit A**. Copies of the damage claim form shall be made available on the District's website (popud.org) or in person at the District's Newport office (130 N. Washington, Newport, WA 99156). Any claim for damages must be presented to the District Agent within the applicable period of limitations within which an action must be commenced. A claim is deemed presented when the claim form is delivered in person or is received by the District Agent by regular mail, registered mail, or certified mail, with return receipt requested.

Pursuant to District Board Resolution No. 1485, the District Agent designated to receive claims for damages under chapter 4.96 RCW is:

Sarah Holderman
Public Utility District No. 1 of Pend Oreille County
P.O. Box 190
130 N. Washington Ave.
Newport, WA 99156

The District's Board may appoint alternative or additional agents by subsequent resolution. The most recent resolution recorded with the Pend Oreille County Auditor shall control.

As provided in RCW 4.96.020(4):

No action subject to the claim filing requirements of this section shall be commenced against any local governmental entity, or against any local governmental entity's officers, employees, or volunteers, acting in such capacity, for damages arising out of tortious conduct until sixty calendar days have elapsed after the claim has first been presented to the agent of the governing body thereof. The applicable period of limitations within which an action must be commenced shall be tolled during the sixty calendar day period. For the purposes of the applicable period of limitations, an action commenced within five court days after the sixty calendar day period has elapsed is deemed to have been presented on the first day after the sixty calendar day period elapsed.

III. Receipt and Disposition of Claims

The following represents the steps District staff shall follow in processing damage claims. District staff may develop additional internal procedures, consistent with this Policy, to assist in implementing this Policy.

A. Receipt of Claims

1. The District Agent is the sole person authorized to receive claims for damages against the District under chapter 4.96. Other processes may govern claims not arising chapter 4.96 RCW (e.g., CR 4 and RCW 4.28.080).
2. The District Agent shall, immediately upon receipt of a claim, date stamp the claim form and log the claim in the District's records.
3. The District Agent shall transmit all claims in excess of \$10,000 to the District's Legal Counsel. All other claims shall be sent to the District's Risk Committee.

B. Review by Risk Committee

The Risk Committee shall, after staff investigation, approve or deny all claims valued at or below \$25,000, subject to the General Manager's final authorization for such approval or denial.

For all claims valued above \$25,000, the Risk Committee shall make recommendations to the District's Board of Commissioners, subject to the General Manager's final authorization for such recommendation. The Risk Committee may, in its discretion based upon the unique facts of each claim, make recommendations to the Board of Commissioners for claims valued at or less than \$25,000.

C. Review by Board of Commissioners

The General Manager shall forward all Risk Committee recommendations to the Board of Commissioners for final approval or denial of all claims in excess of \$25,000, or as otherwise recommended by the Risk Committee. The Board of Commissioners shall consider such claims (including potential discussion in an appropriate executive session), and either (i) approve, (ii) deny, or (iii) decline to take action on such claims in an open public meeting.

The Risk Committee shall periodically submit to the Board a report summarizing all claims approved or denied by the Risk Committee.

IV. Document Management

A. Record Keeping

The Clerk of the Board shall ensure all damage claim forms and District responses are maintained in accordance with state law and the Washington State Archives' Common Records Retention Schedule.

B. Review Period

The document owner is responsible to review this Policy as needed and when there are changes to federal, state, or local laws or guidance that may affect this Policy.

C. References

- RCW 4.96.020

D. Revision History

Rev.	Date	Description	By
0	02/01/2022	Initial Document Release	T. Whitney
1	05/02/2023	Removes provisions relating to internal processes for staff review and investigation of claims, as well as other cleanup edits.	S. Holderman
2	06/04/2024	Changed District Agent	S. Holderman

Exhibit A

Standard Damage Claim Form



CLAIM FOR DAMAGES FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a claim for damages against Public Utility District No. 1 of Pend Oreille County. Some of the information requested on this form is required by RCW 4.96.020. The contents of this form and all attached materials may be subject to public disclosure. If you have any questions regarding this form or the process, please email claims@popud.org or call 509-447-3137.

Mail original claim to:

Pend Oreille PUD
Attn: Sarah Holderman
P.O. Box 190
Newport, WA 99156

Deliver original claim to:

Pend Oreille PUD
Attn: Sarah Holderman
130 N. Washington
Newport, WA 99156

Hours: Monday – Friday, 8:00 a.m. to 5:00 p.m.,
excluding weekends and holidays

PLEASE TYPE OR PRINT IN INK

CLAIMANT INFORMATION

1) Claimant's Last Name: _____ First Name: _____ MI: _____

2) Date of Birth: _____ (MM/DD/YYYY)

3) Current street address: _____

4) Current mailing address (if different): _____

5) Residential address on the date of the incident (if different from current address):

6) Daytime phone numbers: Cell Phone: _____ Home or Business: _____

7) Email address: _____

8) Are you represented by an attorney for this claim? ☐ NO ☐ YES (If yes, please answer the following)

Name of Attorney: _____

Attorney's Phone & Email: _____

INCIDENT INFORMATION

9) Date of Incident: _____ Time: _____ ☐ A.M. ☐ P.M.

10) If the incident occurred over a period of time, date of first and last occurrences:

From: _____

Time: _____ ☐ A.M. ☐ P.M.

To: _____

Time: _____ ☐ A.M. ☐ P.M.

11) Location of Incident: _____

12) Describe what happened. *Please provide a description of the conduct and the circumstances that brought about the injury or damage. Please provide a description of the injury or damage. Explain the extent of property loss or medical injuries. Attach additional sheets if necessary.*

13) I claim damages in the amount of: \$_____

Please attach documents to support your claim (pictures, bids, invoices, etc.)

14) Names, addresses, and telephone numbers of all persons involved in or witnesses to this incident:

15) Names of all Pend Oreille PUD employees having knowledge of this incident: _____

16) 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.

17) Has this incident been reported to law enforcement, safety, or security personnel? If so, when and to whom? _____

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

**** NOTE: THIS FORM MUST BE SIGNED.** *This claim form must be signed by the Claimant, a person holding a written Power of Attorney from the Claimant, the attorney-in-fact for the Claimant, an attorney admitted to practice law in the State of Washington on the Claimant's behalf, or by a court-appointed guardian or guardian ad litem on behalf of the Claimant.*

I/we, the undersigned claimant(s), declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

X _____
Signature of Claimant

Date: _____

Printed Name

X _____
Signature of Claimant (if more than one)

Date: _____

Printed Name

****ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY****

License Plate No. _____

Driver's License No. _____

Automobile Year: _____ Make: _____ Model: _____

Driver: _____

OWNER: _____

Address: _____

Address: _____

If you need further assistance, or have questions filling out this form, you may contact Pend Oreille PUD at: 509-447-3137 or by emailing claims@popud.org. Once your claim is received, the PUD will perform an investigation and contact you regarding the outcome of your claim.