



Northshore School District

RISK MANAGEMENT, SAFETY, SECURITY

Policy 8300
3330 Monte Villa Parkway
Bothell, WA 98021-8972
425-408-7630
www.nsd.org

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 Northshore School District. 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 new law, Standard Tort Claim Forms cannot be submitted electronically, e.g. e-mail or fax.

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim (with original signature) and delivery signature required:

Northshore School District #417
Authorized Agent of Record/Risk Management
3330 Monte Villa Parkway
Bothell WA 98021-8972

Business Hours: Mon - Fri, 7:30 am to 4:30 pm.
Closed on weekends and official state holidays.
July - Closed on Fridays.

For Official Use Only
WSRMP #
Date
Received By
Method of Service

- 1. Claimant's name Last First Middle Date of birth (mm/dd/yyyy)
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 Personal Business
6. Claimant's email address
7. Date of incident (mm/dd/yyyy) Time am pm
8. If the incident occurred over a period of time, date of first and last occurrences:
From (mm/dd/yyyy) Time am pm To (mm/dd/yyyy) Time am pm
9. Location of incident State and County City, if applicable Place where occurred
10. If accident occurred on a street or highway
Name of street or highway Milepost Number At the intersection with or nearest intersecting street
11. District and department alleged responsible for damage/injury

12. Names, addresses and telephone numbers of all persons involved in or witness to this incident.
  
13. Names of all local agency (district) employees having knowledge about this incident.
  
14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the claimant's resulting damages. Include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.
  
15. Describe the cause of the injury or damages. Explain the extent of property loss and/or medical, physical or mental injuries. Attach additional sheets if necessary.
  
16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?
  
17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.
  
18. Attach documents which support the claim's allegations.
  
19. I claim damages from the Northshore School District 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

\_\_\_\_\_  
Residential address, city and county