



Dieringer School District

**STANDARD TORT CLAIM FORM**  
General Liability Claim Form

Pursuant to Chapter 4.92 RCW, this form is for filling a tort claim against Dieringer 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 (via e-mail or fax).

**PLEASE TYPE OR PRINT IN INK**

**Mail or deliver  
original claim to**

Dieringer School District  
ATTN: Office of the Superintendent  
1320 178th Ave E  
Lake Tapps, WA 98391

Business Hours: Mon.-Fri. 8:00 a.m.-4:30 p.m.  
Closed on weekends and official district holidays.

For Official Use Only

No. \_\_\_\_\_

**CLAIMANT INFORMATION**

1. Claimant's name \_\_\_\_\_  
*Last name First Middle Date of birth (m/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 \_\_\_\_\_  
*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 the first and last occurrences:  
from \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one) to \_\_\_\_\_, Time: \_\_\_\_\_  a.m.  p.m.  
*(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 of or nearest intersecting street*
11. District site or department alleged responsible for damage or injury:  
\_\_\_\_\_

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

---

---

---

13. Names, address and telephone numbers of all district employees having knowledge about this incident:

---

---

14. Names, addresses and telephone numbers of all individuals not 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. Please 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 the property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

16. Has the incident been reported to the Administration, Security or law enforcement? 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. Please attach documents which support the claim's allegations.

19. I claim damages from Dieringer School District in the sum of \$ \_\_\_\_\_.

This Claim form must be signed either by the Claimant, or 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 the behalf of the Claimant.

I declare under penalty or 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)**

# Instructions for Completing a Standard Tort Claim Form

## Form Number

- Please type or print clearly in ink.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills, photographs, or receipts for property damage.
- If the requested information cannot be supplied in the space provided, please use additional pages so your claim form can be easily read and understood.
- The following are examples on how to complete the Standard Tort Claim Form:
  1. Doe, Jane Ann
  2. 1234 18th Ave. S., Apt. 123, Lake Tapps, WA 98391
  3. PO Box 123, Lake Tapps, WA 98391
  4. Same (or residence at the time of incident)
  5. (253)123-4567
  6. [jdoe@yahoo.com](mailto:jdoe@yahoo.com) or not applicable
  7. August 9, 2010 8:00 a.m.
  8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item 8.
  9. Washington, Pierce County, Lake Tapps, name of school or site, room or space(i.e. :Gym)
  10. 178<sup>th</sup>, specify milepost if known, intersection of 178<sup>th</sup> and 16th
  11. Dieringer School District
  12. Smith, John 1234 Campus Parkway, Apt. 123, Lake Tapps, WA 98391 (253)123-4567
  13. List all names and titles if known
  14. List all other witnesses having knowledge of the incident in question, with their names, addresses and telephone numbers that are not listed within items 12 and 13. Also, include a description of their knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number and indicate she witnessed the incident.
  15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
  16. If you or others reported this incident to law enforcement or Security personnel, please provide a copy of the report or contact information.
  17. Please provide all of your medical providers with their names, addresses and telephone numbers if applicable. You will be asked to provide a medical release statement.
- Sign the Standard Tort claim form and date
- Mail or present the Standard Tort claim form to:

Dieringer School District  
ATTN: Office of the Superintendent  
1320 178th Ave E  
Lake Tapps, WA 98391  
(Business hours: Mon. – Fri. 8:00 a.m. – 4:30 p.m.)