STANDARD TORT CLAIM FORM

General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Shoreline School District. Information requested on this form is required by RCW 4.92.020 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to:
Shoreline School District
Attn: Assistant Superintendent, Business & Operations
18560 1st Ave. NE
Shoreline, WA 98155

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 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 first and last occurrences:

from _____ Time: ____ □a.m. □p.m. to _____, Time: _____□a.m. □p.m.
(mm/dd/yyyy) *(mm/dd/yyyy)*

9. Location of incident:_____
State and County, City *Place where occurred*

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

_____
Name of street *Street Address* *At the intersection with or nearest intersecting street*

11. Agency or department alleged responsible for damage/injury:

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

_____
_____
_____

13. Names and telephone numbers of all Shoreline School District employees having knowledge about this incident:

_____
_____

14. Names 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. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

_____
_____
_____
_____

15. Describe how Shoreline School District caused your injuries or damages **(if your injuries or damages were not caused by Shoreline School District, do not use this form. You must file your claim against the correct entity)**. Explain the extent of property loss 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? Please attach a copy of the report or contact information.

_____
_____

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 Shoreline School District in the sum of $_____.

This claim form must be signed by the Claimant, a person holding a written power of attorney from claimant, an attorney for the Claimant, by an attorney admitted to practice in Washington State of behalf of the Claimant, or by a court-approved guardian or guardian ad litem on behalf of the claimant.

I declare under penalty of perjury and 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)***
Or	
_____	_____
Signature of Representative	***Date and place (residential address, city and county)***
_____	_____
Print Name of Representative	***Bar Number (if applicable)***