

STANDARD TORT CLAIM FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Snoqualmie Valley School District #410. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to the new law, Standard Tort Claim Forms cannot be submitted electronically (via email/fax).

Mail or deliver original claim to: Snoqualmie Valley School District #410
Attn: Business Office

Street Address: 8001 Silva Ave SE
Snoqualmie, WA 98065

Mailing Address: PO Box 400
Snoqualmie, WA 98065

Business Hours: Monday-Friday 8:00 a.m. – 4:30 p.m.
Closed on weekends and official school holidays

CLAIMANT INFORMATION

1.) Claimant's Name

_____ / /
Last Name First Middle Date of Birth

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: (____) _____

Work: (____) _____

6.) Claimant's email address: _____

INCIDENT INFORMATION

7.) _____
Date of Incident Time (a.m./p.m.)

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

from _____ to _____
Date & Time (a.m./p.m.) Date & Time (a.m./p.m.)

9.) Location of incident: _____ / _____ / _____
State & County City Place of occurrence

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.) State the school, department, or person alleged responsible for damage/injury:

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

13.) Names, addresses, and telephone numbers of all 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. 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 property loss or medical, physical, or mental injuries. Attach additional sheets if necessary:

16.) Has the incident been reported to law enforcement, safety or security personnel?
If so, when and to whom?

17.) Please attach documents which support the claim's allegations.

18.) I claim damages from the Snoqualmie Valley School District #410 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 ad litem on behalf of the Claimant.

I declare under penalty of jury 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)