Instructions for Completing a Tort Claim Form
General Liability Claim Form
Snohomish School District

- Before filing a Tort Claim, please read these instructions in their entirety.
- Type or print clearly in ink and sign the Tort Claim form.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photos, proof of ownership for property damages or receipts for property values, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so the claim can be easily read and understood.

The following are examples on how to complete the Standard Tort Claim Form:

Claimant Information:

1) Full Name (John Doe Smith)
2) Current Address (1234 College Drive, Seattle, WA 98178)
3) Different Mailing Address if applicable (PO Box 123, Seattle, WA 98178)
4) Daytime Phone Number (425-776-1234)
5) Evening Phone Number (360-776-1234)
6) Email Address (jsmith@gmail.com)
7) Date of Birth (July 4, 2022)
8) Address at the Time of the Incident (1111 Sector Dr. Lake Stevens, WA 98258)

Incident Information:

9) Date of the Incident (December 25, 2020)
10) Time of Incident (8:00am)
11) Detailed Location of the Incident (In the woods at Name Elementary School)
12) Describe the Incident (Fell in the woods at the Elementary School and twisted my ankle)
13) Describe the Injury or Damage Sustained, Itemize all expenses and losses (broke ankle, Dr. Appt $100, X-Ray $125, etc.)
14) Describe why Snohomish School District is responsible (need to clear the brush for an easy walking path)
15) Names, addresses and phone numbers of Snohomish School District Employees with knowledge of the incident (Julie Smith, 1234 Lane Drive, Snohomish, WA 98290, 360-221-2222)
16) Names of persons Involved or Witnesses, including their names, address and telephone numbers. Also include a description of their knowledge. For example, if your brother was with you when the alleged incident occurred please include his name, address and phone number, and indicate he witnessed the accident.
17) Treating medical providers, including their names, addresses, telephone numbers, and the type of treatment. If you were treated for personal injury, please include your

medical records and bills. (Dr. Joe Smith, 1234 131st Drive, Snohomish, WA 98290, 360-567-1234, ankle was put in a cast, make sure your medical records and bills are included)

18) Attach receipts, pictures, witness statements or any other document to support your claims allegation.

19) Please provide the dollar amount for your damages, including your time loss, medical costs, property damage, etc. This amount should represent your opinion of the total compensation.