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4640 S. 144th St. Tukwila, WA 98168 | (206) 901-8000 | tukwila.wednet.edu

Tukwila School District Tort Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against Tukwila School District. Some of the information requested on this form is required RCW 4.96.020 and may be subject to public disclosure. Pursuant to the law, the form cannot be submitted electronically (via email or fax).

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to:

Superintendent of Tukwila School District
c/o Tukwila School District No. 406
4640 S. 144th Street
Tukwila, WA 98168

Business Hours: Monday - Friday 8:00 a.m. - 5:00 p.m.
Closed on weekends and official state holidays.

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: _____
Home Business or Cell

6. Claimant's email address: _____

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 _____ Time: _____ a.m. p.m.
(mm/dd/yyyy)

To: _____ Time: _____ a.m. p.m.
(mm/dd/yyyy)

9. Location of incident: _____
State and County City (if applicable) Place where occurred

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

11. Names, addresses, and telephone numbers of all persons having knowledge about this incident:

12. Names, addresses, and telephone numbers of all individuals not already identified in #10 and #11 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.

13. 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.

14. Has the 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.

15. Please attach documents which support the allegations of the claim.

16. I claim damages from Tukwila 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

Print Name of Claimant

Date and Place (Resident Address, City, and County)

OR

Signature of Representative

Print Name of Representative

Date and Place (Resident Address, City, and County)

Bar Number (If applicable)