



NORTH THURSTON PUBLIC SCHOOLS

RISK MANAGEMENT

GENERAL LIABILITY CLAIM FORM

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM

- Before filing a Tort Claim, please read these instructions and the Tort Claim form 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, photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
- The following are examples on how to complete the Tort Claim Form.
 1. Smith, Karen Michelle – 02/20/1965
 2. 1234 College Way NW, Apt. 56, Seattle WA 98178
 3. PO Box 910, Seattle WA 98178
 4. Same (or residence at the time of incident)
 5. (206) 123-4567 – (206) 987-6543
 6. KMSmith@hotmail.com
 7. 8/9/2010 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, Thurston, Lacey, (School Name)
 10. I-5, Southbound, Milepost 109, near the Martin Way Exit
 11. Timberline High School, Locker Room
 12. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle WA 98178 (360) 456-3456
 13. Unknown
 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 reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.

17. Please provide all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
 18. Please attach any additional documents that support your claim.
 19. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.
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- If you are filing a personal injury claim, please sign and attach the Medical Release.
 - If your claim involves a motor vehicle accident, please complete, sign, and attach the vehicle accident form.



NORTH THURSTON PUBLIC SCHOOLS
RISK MANAGEMENT
STANDARD TORT CLAIM FORM

GENERAL LIABILITY CLAIM

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against NTPS. 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 law, Standard Tort Claim forms cannot be submitted electronically (via email or fax).

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to: North Thurston Public Schools
Risk Management
6620 Carpenter Road SE
Lacey, WA 98503

Business Hours: Monday – Friday 7:00 a.m. – 3:30 p.m.
Telephone Number – (360) 412-4419
Closed on weekends and official state holidays

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 Business or Cell
6. Claimant's e-mail address: _____
7. Date of the incident: _____ Time: ____ a.m. ____ p.m.
(mm/dd/yyyy)
8. If 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 & 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 with or nearest in

11. School or department:

12. Names, addresses and telephone numbers of all persons involved in or witness to this 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 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 allegations of the claim.

19. I claim damages from the North Thurston Public Schools 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

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)