

STANDARD TORT CLAIM FORM

GENERAL LIABILITY CLAIM FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a Tort Claim against the North Beach School District. Information requested on this form is required by RCW 4.92.020 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 IN INK

MAIL OR DELIVER ORIGINAL CLAIM TO:

**North Beach School District
336 State Route 115
P.O. Box 159
Ocean Shores, WA 98569**

CLAIMANT INFORMATION

1. Claimant's name:

_____	_____	_____	_____
Last name	First	Middle	Date of Birth (mm/dd/yyyy)

2. Current residential address:

Street, City, State, and Zip Code

3. Mailing address (if different):

Street, City, State, and Zip Code

4. Residential address for six months prior to the date of the incident (if different from current address):

Street, City, State, and Zip Code

5. Claimant's daytime telephone number:

Home _____ Business _____

6. Claimant's email address:

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____ ☐ a.m. ☐ p.m.
(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.

9. Location of incident:

State and County	City	Place where occurred
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10. If the incident occurred on a street or highway:

Name of street	Street Address	Nearest intersecting street
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11. Agency or department 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 North Beach School District employees having knowledge of this incident:

14. Name, addresses, and telephone numbers of all individuals not already identified who have knowledge regarding liability issues or resulting damages. Include a brief description of each person's knowledge:

15. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical, or mental injuries. *Attached additional sheets if necessary:*

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

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 the North Beach 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

Date and place (residential address, city, county)

Print Name of Claimant

OR

Signature of Representative

Date and place (residential address, city, county)

Print Name of Representative

Bar Number (*if applicable*)