STANDARD TORT CLAIM FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Longview School District. 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 or fax).

Mail or deliver original claim to: Patti Bowen, Registered Agent
Longview School District

Street Address: 2715 Lilac Street, Longview, WA 98632

Mailing Address: 2715 Lilac Street, Longview, WA 98632

Business Hours: Monday – Friday: 7:30 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 *Business*

6. Claimant's email address: _____

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____a.m./p.m. *(circle one)*

8. If the incident occurred over a period of time, date of first and last occurrences:
from _____time:_____a.m./p.m. *(circle one)* to _____time:_____a.m./p.m. *(circle one)*

9. Location of incident: _____
State and 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 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 Longview 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 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)***