

STANDARD TORT CLAIM FORM

General Liability Claim Form

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the Darrington School District. 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 IN INK

Mail or deliver
original claim to

Darrington School District
Attn: McKenzie Boyd, Business Manager
P.O. Box 27
1065 Fir Street
Darrington, WA 98241

School Year Business Hours: Monday - Friday, 7:30 a.m. - 3:30 p.m.
Summer Business Hours: Monday - Friday, 9 a.m. - 3 p.m.
Closed on weekends and official state holidays unless otherwise posted.

CLAIMANT INFORMATION

1. Claimant's name: _____
Last name 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
6. Claimant's email address: _____

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____ a.m. p.m. (check one)
(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. (check one) to _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy) (mm/dd/yyyy)
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. School or department alleged responsible for damage/injury:

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

13. Names, addresses and telephone numbers of all district 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?

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 Darrington School District in the sum of \$_____.

This Claim form must be signed by the Claimant, by an attorney in fact for the Claimant pursuant to a written power of attorney, 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)