

STANDARD TORT CLAIM FORM

General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Northwest Educational Service District 189 (NWESD). Information requested on this form is required by RCW 4.92.020 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to: Superintendent-Secretary to the Board Northwest Educational Service District 189 1601 R Avenue Anacortes, WA 98221

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

5. Claimant's daytime telephone number: Home Business

6. Claimant's e-mail address:

INCIDENT INFORMATION

7. Date of the incident: (mm/dd/yyyy) Time: a.m. p.m. (check one)

8. If the incident occurred over a period of time, date of first and last occurrences:

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

9. Location of incident: State and county City Place where occurred

10. If the incident occurred on a street or highway:

Name of street Street address At the intersection with or nearest intersecting street

11. Agency or department alleged responsible for damage/injury:

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

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13. Names, addresses, and telephone numbers of all NWESD employees having knowledge about this incident:

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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.

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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.

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

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17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

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18. Please attach documents which support the claim's allegations

19. I claim damages from the Northwest Educational Service District 189 in the sum of \$\_\_\_\_\_.

This claim form must be signed by the Claimant, a person holding a written power of attorney from Claimant, an attorney for the Claimant, by an attorney admitted to practice in Washington State of behalf of the Claimant, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury und 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)*