

**NORTHWEST EDUCATIONAL SERVICE DISTRICT 189
STANDARD TORT CLAIM FORM
General Liability Claim Form 6500-F3**

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 4.96.020 and may be subject to public disclosure. Claim forms must be delivered in person or received by regular mail, registered mail, or certified mail with return receipt requested.

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

Business hours: Monday – Friday, 8:00 a.m. – 4:30 p.m.
Closed on weekends and official state holidays.

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 or cell _____
- 6. Claimant's e-mail 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)
(mm/dd/yyyy)
to: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
- 9. Location of incident: _____
State and county City 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. Agency or department alleged responsible for damage/injury:

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

13. Names and telephone numbers of all NWESD 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 how the NWESD caused your injuries or damages (if your injuries or damages were not caused by the NWESD do not use this form. You must file your claim against the correct entity). 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 claim's allegations

19. I claim damages from the NWESD in the sum of \$_____.

This Claim form must be signed by one of the following (check appropriate box).

- Claimant
- Person holding a written power of attorney from the Claimant
- Attorney in fact for the Claimant
- Attorney admitted to practice in Washington State on the Claimant's behalf
- 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)