

# STANDARD TORT CLAIM FORM

## General Liability Claim Form

For Official Use Only

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the Quillayute Valley 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 new 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:** Quillayute Valley School District  
Attn: Diana Reaume  
411 S Spartan Ave  
Forks, WA 98331

No.

Business Hours: Monday - Friday 8:00 a.m. - 5:00 p.m.  
Closed on weekends and official state holidays.

### CLAIMANT INFORMATION

1. Claimant's Name \_\_\_\_\_  
*Last First Middle*
2. Current Residential Address: \_\_\_\_\_
3. Mailing Address (if different): \_\_\_\_\_
4. Residential Address at the Time of the Incident (if different from the 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/yy*
8. If the incident occurred over a period of time, date of first and last occurrences:  
From: \_\_\_\_\_ Time: \_\_\_\_\_  p.m. (Check one) \_\_\_\_\_  p.m. (Check one)  
*mm/dd/yy*  a.m. To: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  
*mm/dd/yy*
9. Location of Incident: \_\_\_\_\_  
*State and County City, if applicable Physical Location*
10. If the incident occurred on a street or highway:  
\_\_\_\_\_ *Name of Street or Highway Milepost Number Intersection With or Nearest Intersecting Street*
11. School or department allegedly 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:

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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 Quillayute Valley School District in the amou \$ \_\_\_\_\_

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 decalire under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
*Signature of Claimant*

\_\_\_\_\_  
*Date and Placed Signed (Residential Address, City and County)*