

OLYMPIA SCHOOL DISTRICT TORT CLAIM FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Olympia 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:	Patrick Murphy, Superintendent Olympia School District
Street Address	111 Bethel Street NE Olympia, WA 98506
Address:	111 Bethel Street NE Olympia, WA 98506
Business Hours:	Monday – Friday: 8:00 a.m. – 4:30 p.m. Closed on weekends and official school holidays

CLAIMANT INFORMATION:

1. Claimant's name:

<i>Last name</i>	<i>First</i>	<i>Middle</i>	<i>Date of birth</i>
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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 phone number: _____

Home

Business/Mobile

6. Claimant's email address: _____

INCIDENT INFORMATION:

7. Date of incident: _____ Time: _____ am/pm (*circle one*)

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

from _____ time: _____ am/pm (*circle one*) to _____ time: _____ am/pm (*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

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, knowledge of the Claimant's resulting damage. 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. Names, addresses, and phone numbers of treating medical providers. Submit copies of all medical reports and billings.

18. Please attach documents which support the claim allegations.

19. I claim damages from Olympia 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)

OR

Signature of Representative

Date and place (residential address, city, and county)

Print Name of Representative

Bar Number (if applicable)