



Concrete School District No. 11 TORT CLAIM FORM

RCW 4.96.020

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM

1. Complete the Standard Tort Claim Form attached:
 - **Agent to receive claim:** Carrie Crickmore, Superintendent of Schools
 - **Office location:** 45389 Airport Way, Concrete, WA 98237
 - **Mailing address:** (same as above)
 - **Business Hours:** Monday-Friday, 8:00 a.m.-4:00 p.m. (closed on weekends and official school holidays)
2. Tort Claim Form must be typed or printed clearly in ink.
3. Provide all requested information and any available documents supporting your claim.
4. If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
5. Signed by an authorized party.
6. Present properly completed and signed Tort Claim Form in one of the following manners:
 - Personal delivery to the registered agent or authorized person in the office during above business hours.
 - Deliver by registered mail to the registered agent.
 - Deliver by certified mail (with return receipt) to the registered agent.

Concrete School District No. 11

TORT CLAIM FORM

RCW 4.96.020

Pursuant to chapter 4.96 RCW, this form is for filing a tort claim against the Concrete School District (“District”). Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Any person wishing to file a tort claim with the District should fill this form out accurately and completely and present the form in person or by mail to the **Superintendent’s Office** of Concrete School District at the address given below between the weekday business hours of 8:00 am and 4:00 pm.

Mail or deliver original claim to: Carrie Crickmore, Superintendent Concrete School District No. 11 45389 Airport Way Concrete, WA 98237	<i>For School District Use Only:</i> Date Received:
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CLAIMANT INFORMATION

- 1. Claimant’s Name:** _____
- 2. Claimant’s Date of Birth (mm/dd/yyyy):** _____
- 3. Claimant’s Current Residential Address:**

- 4. Claimant’s Mailing Address (if different):**

- 5. Claimant’s Residential Address at the Time of the Incident (if different from current address):**

6. Claimant's Daytime Phone Number _____
Home Business or Cell

7. Claimant's E-Mail Address: _____

8. State the amount of damages claimed against the District as a result of the incident.

\$ _____

9. Date of the incident: _____ Time: _____ a.m./p.m. (circle one)

10. 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)

11. Location of the incident: _____

12. If the incident occurred on a roadway:

Name of street/highway Cross streets

13. Names, addresses and telephone numbers of all persons involved in this incident or who were witnesses to this incident:

(List additional names of witnesses and their contact information, if any, on a separate page and attach to this page.)

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

(List additional names of District employees and their contact information, if any, on a separate page and attach to this page.)

15. Describe the injury or damage which resulted from the incident. Explain the extent of property loss or medical, physical or mental injuries.

(List additional information, if any, on a separate page and attach to this page.)

16. What is the basis for making this claim against the District? Please provide specific details regarding the conduct and circumstances that you believe the District or its employees engaged in that caused your injury or damage. (Such information can also be provided on separate pages attached to this page.)

Attorney

17. Attorney's contact information if you are represented in this matter by an attorney:

Name: _____

Phone: _____

Email: _____

Address: _____

18. Please attach documents which support the allegations of the claim.

Signature and Verification

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 or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury of the laws of the State of Washington that the foregoing information is true and correct.

DATED: _____, _____ at _____, Washington.

Signature of Claimant (actual, non-electronic signature required)

OR

Signature of Representative (actual, non-electronic signature required)

Print the Name of the Person Signing