

VANCOUVER SCHOOL DISTRICT
INSTRUCTIONS FOR COMPLETING A
STANDARD TORT CLAIM FORM

1. Complete the Tort Claim Form maintained at the office of the registered agent:

Registered Agent: Taylor Richman, General Counsel

Office Location: 2901 Falk Road
Vancouver, WA 98661

Mailing Address: PO Box 8937
Vancouver, WA 98668-8937

Business Hours: Monday - Thursday: 8:00 a.m. - 5:00 p.m.
Friday: 8:00 a.m. - 4:00 p.m.
Closed on weekends, official school holidays, and July

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. Sign by an authorized party.
6. Present properly completed and signed Tort Claim form in one of the following manners:
 - A. Personal delivery to the registered agent or authorized person in the office of the registered agent during above business hours.
 - B. Deliver by registered mail to the registered agent
 - C. Deliver by certified mail (with return receipt) to the registered agent.

STANDARD TORT CLAIM FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Vancouver 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 law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax).

Mail or deliver original claim to: Taylor Richman, General Counsel
Vancouver School District

Street Address: 2901 Falk Road
Vancouver, WA 98661

Mailing Address: PO Box 8937
Vancouver, WA 98668-8937

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CLAIMANT INFORMATION

1. Claimant's name:

| <i>Last name</i> | <i>First</i> | <i>Middle</i> | <i>Date of birth</i> |
|------------------|--------------|---------------|----------------------|
|------------------|--------------|---------------|----------------------|

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 telephone number: _____
Home *Business*

6. Claimant's e-mail address: _____

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____ a.m. p.m. (*circle one*)

8. If the incident occurred over a period of time, date of first and last occurrences:
from _____ Time: _____ a.m. p.m. (*circle one*) to _____, Time: _____ a.m. p.m. (*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:

| <i>Name of street or highway</i> | <i>Milepost number</i> | <i>At the intersection with or nearest intersecting street</i> |
|----------------------------------|------------------------|--|
|----------------------------------|------------------------|--|

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

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

19. If your claim involves a motor vehicle accident, please complete, sign, and attach the vehicle accident form.

20. I claim damages from the Vancouver 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 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)