

## **Instructions for Completing a Mukilteo School District Tort Claim Form**

- Type or print clearly in ink and sign the Tort Claim form.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your Standard Tort Claim form can be easily read and understood.
- Mail or deliver completed form to:

Mukilteo School District  
9401 Sharon Drive  
Everett, WA 98204

## Mukilteo School District Tort Claim Form

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the Mukilteo 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, Tort Claim forms cannot be submitted electronically (via e-mail or fax).

### PLEASE TYPE OR PRINT IN INK

**Mail or deliver original claim to:** Mukilteo School District  
9401 Sharon Drive  
Everett, WA 98204

### 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 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*)  
*(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. (*circle one*) to \_\_\_\_\_, Time: \_\_\_\_\_ a.m. p.m. (*circle one*)  
*(mm/dd/yyyy) (mm/dd/yyyy)*
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 street*
11. Department 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 School 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 Mukilteo 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.

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*Signature of Claimant*

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