

# Standard Tort Claim Form Packet

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Please *carefully read all of the information in this packet* before completing and presenting your Standard State Tort Claim.

Engrossed Substitute House Bill 1553, effective July 26, 2009, requires citizens to present the Standard Tort Claim Form with the Pullman School District. The law also requires Pullman School District to post on its website the Standard Tort Claim form with instructions. In compliance with these requirements and for the convenience of citizens, Pullman School District developed the Standard Tort Claim Form Packet.

## Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form (SF 210)
3. Vehicle Collision Form (only for tort claims involving vehicle accidents/collisions)

## Legal Requirements for Presenting Standard Tort Claim Forms

In order to verify the claim and additional information, the law requires that the Standard Tort Claim Form to be signed by:

1. Claimant; or
2. Person holding a written power of attorney from the Claimant; or
3. Attorney in fact for the Claimant; or
4. Attorney admitted to practice in Washington state on the Claimant's behalf; or
5. A court-approved guardian or guardian ad litem on behalf of the Claimant

## Present in Person or Mail the Standard Tort Claim Form & Supporting Documents to:

Pullman School District  
240 SE Dexter, Pullman, WA 99163

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m. Closed Official State Holidays and Weekends.

## Instructions for Completing a Standard Tort Claim Form #SF 210:

- Before presenting a Standard Tort Claim form, please read these instructions, the Standard Tort Claim Form, and other appropriate forms in their entirety.
- Type or print clearly in ink and sign the Standard 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.
- The following are examples on how to complete the Standard Tort Claim Form (#SF 210):
  1. Smith, Karen Michelle
  2. 1234 College Way NW, Apt. 56, Seattle, WA 98178
  3. PO Box 910, Seattle, WA 98178
  4. Same (or residence at time of incident)
  5. 206-123-4567
  6. 8:00 am, August 9, 2008
  7. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item 7
  8. Washington, Thurston, Tumwater, Campus of South Puget Sound Community College, Bldg. 22
  9. I-5, Southbound, Milepost 109, near the Martin Way Exit
  10. Washington State Department of Transportation, Highway
  11. Smith, Thomas Arthur, 1234 College Way NW, Apt. 56, Seattle, WA 98178 (360) 456-3456; Tow Truck Driver, Nisqually Towing
  12. Unknown
  13. List all other witnesses having knowledge of the incident in question, with their names, addresses and telephone numbers that are not listed within items 11 and 12. Also include a description of their knowledge. For example, your sister was with you, when the alleged incident occurred, please include her name, address, telephone number and indicates she witnessed the incident.
  14. Please provide all your medical providers with their names, address, telephone numbers and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
  15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
  16. If you reported this incident to law enforcement, safety or security personnel, please provide a copy of the report or contact information to the person you spoke with.
  17. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, ect. This amount should represent your opinion of total compensation.
- If you claim involves a motor vehicle accident, please complete, sign and attach the Vehicle Collision Form.

## Pullman School District

### TORT CLAIM FORM

RCW 4.96.020

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Pullman 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 Fiscal Office of the Pullman School District at the address given below between the weekday business hours of 8:00 am and 5:00 pm.

<i>Mail or deliver original claim to:</i>  <i>Pullman School District No.267 Attention: Dan Hornfelt 240 SE Dexter Pullman, WA 99163</i>	<b><i>For School District Use Only:</i></b> <b>Date Received:</b>
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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: \_\_\_\_\_

**INCIDENT INFORMATION**

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*)  
(mm/dd/yyyy)

10. Location of incident: \_\_\_\_\_

11. If the incident occurred on a roadway:

\_\_\_\_\_  
Name of street/highway

\_\_\_\_\_  
Cross streets

12. 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.)

13. 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.)

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

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

15. 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.)

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#### Attorney

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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*

# VEHICLE COLLISION FORM

PLEASE TYPE OR PRINT IN INK

Please attach this form to your standard tort claim form, if the claim involves a vehicle collision.

CLAIMANT AND INCIDENT INFORMATION	CLAIMANT'S NAME <b>(A SEPARATE FORM MUST BE COMPLETED FOR EACH CLAIMANT)</b>				DATE OF ACCIDENT(mm/dd/yyyy)		TIME AM <input type="checkbox"/> PM <input type="checkbox"/>			
	CURRENT STREET (RESIDENCE) ADDRESS			CITY	STATE	ZIP	HOME PHONE WORK PHONE			
	(RESIDENCE) STREET ADDRESS FOR SIX MONTHS PRIOR TO THE ACCIDENT			CITY	STATE	ZIP	EMAIL			
	State/County/City (if applicable) where occurred		STREET OR HWY	MILEPOST NO.	INTERSECTION OR NEAREST STREET/ROAD					
YOUR VEHICLE INFORMATION (VEHICLE #1)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	WHERE CAN CAR BE SEEN?		WHEN?			
	NAME OF VEHICLE OWNER			ADDRESS	CITY	HOME AND WORK PHONE				
	NAME OF DRIVER			ADDRESS	CITY	HOME AND WORK PHONE				
	DRIVER'S LICENSE NUMBER			STATE OF ISSUANCE	DATE OF EXPIRATION					
	DESCRIBE DAMAGE				ESTIMATE \$	YOUR INSURANCE COMPANY AND POLICY NO.				
OTHER VEHICLE INFORMATION (VEHICLE #2)	YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE AGENCY, IF KNOWN					
	NAME OF OWNER			ADDRESS	CITY	PHONE				
	NAME OF DRIVER			ADDRESS	CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
OTHER NON-VEHICLE DAMAGE	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.									
	NAME OF OWNER			ADDRESS	CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
INJURED PARTIES	NAME	ADDRESS	PHONE	INJURY	AGE	VEH 1	VEH 2	VEH 3	PED	OTH
	HOME WORK									
	HOME WORK									
	HOME WORK									
	HOME WORK									
	HOME WORK									
WITNESSES	NAME (ATTACH ADDITIONAL SHEETS IF NECESSARY)			ADDRESS	CITY	PHONE				
							HOME WORK			
							HOME WORK			
							HOME WORK			

**COMPLETE ALL DETAILS**

Describe conduct and circumstances causing injury or damages and explain the extent of medical, physical or mental injuries. Please identify name, address, and telephone number of treating physicians and other medical providers. Please attach property damage estimates and/or all medical bills in support of your claim. If necessary, attach additional pages containing information in this format.

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D Straight Road D Curve – R or L D Level	D Hillcrest D Uphill D Downhill	D One Lane D One and One-Half Lane D Two Lane or Four Lane	<b>Mark Damaged Areas</b> 
Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.			
Sidewalk  Street Center  Sidewalk			
IMPORTANT If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.			Indicate points of compass N. E. S. W.

LIGHT CONDITIONS (CHECK ONE)	TRAFFIC CONTROL	TYPE OF ROAD (CHECK ONE OR MORE)	VEHICLE CONDITION (CHECK ONE OR MORE)	ROAD SURFACE (CHECK ONE)	WEATHER (CHECK ONE)
1 <input type="checkbox"/> DAYLIGHT	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> SIGNALS	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> ONE WAY	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DEFECTIVE BRAKES	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DRY	1 <input type="checkbox"/> CLEAR, CLOUDY & OVERCAST
2 <input type="checkbox"/> DAWN	<input type="checkbox"/> 2 <input type="checkbox"/> STOP SIGN	<input type="checkbox"/> 2 <input type="checkbox"/> TWO WAY	<input type="checkbox"/> 2 <input type="checkbox"/> DEFECTIVE HEADLIGHTS	<input type="checkbox"/> 2 <input type="checkbox"/> WET	2 <input type="checkbox"/> RAINING
3 <input type="checkbox"/> DUSK	<input type="checkbox"/> 3 <input type="checkbox"/> FLASHING RED	<input type="checkbox"/> 3 <input type="checkbox"/> REVERSIBLE ROAD	<input type="checkbox"/> 3 <input type="checkbox"/> DEFECTIVE REAR LIGHTS	<input type="checkbox"/> 3 <input type="checkbox"/> SNOW	3 <input type="checkbox"/> SNOWING
4 <input type="checkbox"/> DARK STREET LIGHTS ON	<input type="checkbox"/> 4 <input type="checkbox"/> FLASHING AMBER	<input type="checkbox"/> 4 <input type="checkbox"/> INTER-CHANGE LOOP RAMP	<input type="checkbox"/> 4 <input type="checkbox"/> TIRES WORN	<input type="checkbox"/> 4 <input type="checkbox"/> ICE	4 <input type="checkbox"/> FOG
5 <input type="checkbox"/> DARK STREET LIGHTS OFF	<input type="checkbox"/> 5 <input type="checkbox"/> RR SIGNAL	<input type="checkbox"/> 5 <input type="checkbox"/> ALLEY	<input type="checkbox"/> 5 <input type="checkbox"/> PUNCTURED OR BLOWN TIRES	<input type="checkbox"/> 5 <input type="checkbox"/> OTHER (SPECIFY)	5 <input type="checkbox"/> OTHER (SPECIFY)
6 <input type="checkbox"/> DARK NO STREET LIGHT	<input type="checkbox"/> 6 <input type="checkbox"/> OFFICER/FLAGMAN	<input type="checkbox"/> 6 <input type="checkbox"/> TWO WAY-LEFT TURN LANES	<input type="checkbox"/> 6 <input type="checkbox"/> OTHER (SPECIFY)	NAME OF INVESTIGATING POLICE AGENCY: _____  INVESTIGATING AGENCY REPORT NO. _____	
7 <input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> 7 <input type="checkbox"/> YIELD SIGN	<input type="checkbox"/> 1 <input type="checkbox"/> SEPARATED			
	<input type="checkbox"/> 8 <input type="checkbox"/> NO TRAFFIC CONTROL	<input type="checkbox"/> 2 <input type="checkbox"/> DIVIDED			
	<input type="checkbox"/> 9 <input type="checkbox"/> OTHER	<input type="checkbox"/> 3 <input type="checkbox"/> UNDIVIDED			

**A separate claim form should be submitted for each claimant**

This information is being provided to aid in resolving the claim.

*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)