R I S K MANAGEMENT S E R V I C E

Standard tort claim form General liability claim form

o. Loodholl of Illoidell	State and o	county	City	У	Place	where occurre	ed
9. Location of inciden		am	pm	i O (mm/aα/yyyy)	Tille	am	pm
8. If the incident occu	rred over a per Time			t and last occurrer To (mm/dd/yyyy)	nces: Time		nm
Incident information of the incident (mm/dd/yyyy)			Time:		_ am	pm	
6. Claimant's e-mail a	address:						
5. Claimant's daytime	e telephone nur		ome	-	Business		
4. Residential addres	s for six month	s prior to th	ne date of th	e incident (if differ	ent from current	address):	
3. Mailing address (if	different):						
2. Current residential	address:						
Last name		First			Middle	Date of bir (mm/dd/yyyy)	rth
Claimant info	rmation						
	_						
Mail or deliver origina							
Please type or print			·				
above. Information re disclosure. Claim forr	equested on this	s form is re	quired by Ro	CW 4.96.020 and	may be subject t	to public	
SERVICE	·			s for filing a tort cla	aim against the e	antity name	
MAINOEMEIN - IIII	/ name:						

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10. If the incident occurred on	a street or highway:	
Name of street	Street address	At the intersection with or nearest intersecting street
11. Agency or department alle	eged responsible for damage/injury:	
12. Names, addresses and te	lephone numbers of all persons involv	ved in or witness to this incident:
13. Names, addresses and te	lephone numbers of all employees ha	eving knowledge about this incident:
that have knowledge regardin	g the liability issues involved in this in clude a brief description as to the natu	t already identified in #12 and #13 above cident, or knowledge of the Claimant's are and extent of each person's knowledge.
15. Describe the cause of the mental injuries. Attach additio		t of property loss or medical, physical or
16. Has this incident been rep whom?	orted to law enforcement, safety or se	ecurity personnel? If so, when and to

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reports and billings.	edical providers. Attach copies of all medical					
18. Please attach documents which support the claim's allegations.						
19. I claim damages in the sum of \$						
This claim form must be signed by the claimant, a person ho attorney for the claimant, by an attorney admitted to practice by a court-approved guardian or guardian ad litem on behalf	in Washington State of behalf of the claimant, or					
I declare under penalty of perjury und the laws of the State of	of Washington that the foregoing is true & correct.					
Signature of claimant Date	and place (residential address, city and county)					

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