OLYMPIA SCHOOL DISTRICT TORT CLAIM FORM

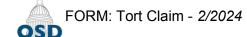
Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Olympia School District. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to the new law, Standard Tort Claim Forms cannot be submitted electronically (via email or fax).

Mail or deliver original claim to:	Patrick Murphy, Superintendent Olympia School District
Street Address	111 Bethel Street NE Olympia, WA 98506
Address:	111 Bethel Street NE Olympia, WA 98506
Business Hours:	Monday – Friday: 8:00 a.m. – 4:30 p.m. Closed on weekends and official school holidays

CLAIMANT INFORMATION:

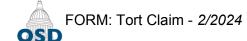
1 Claimant's name.

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	Last name	First	Middle	Date of birth	
2.	Current Residential ad	ddress:			
3.	Mailing address (if diff	ferent):			
4.	Residential address a	t the time of the	e incident (if di	fferent from current address):	
5.	Claimant's daytime ph	none number:		Business/Mobile	
6.	Claimant's email addr	ess:	потте	Dusiliess/Mobile	



INCIDENT INFORMATION:

7. [Date of incident:		Time:		am/pm (circle one)
8. I	f the incident occurred over a	period of time	, date of first a	nd last occur	rences:
f	rom time:	_ am/pm <i>(circle</i>	e one) to	_ time:	am/pm (circle one)
9. L	ocation of incident: State and	county	City, if applicat	ole Pla	ace where occurred
10.	If the incident occurred on a s	treet or highwa	ау:		
	Name of street or highway	Milepost nu	mber At th	e intersection	with or nearest intersecting
11.	State the school, department,	or person alle	eged responsib	le for damag	e/injury:
12.	Names, addresses, and telep	phone number	s of all person	s involved in	or witness to the incident
•					
13.	Names, addresses, and telep incident:	hone number	s of all employ	ees having kı	nowledge about this



	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, knowledge of the Claimant's resulting damage. 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 the incident been reported to law enforcement, safety or security personnel? If so, when and to whom?:
17.	Names, addresses, and phone numbers of treating medical providers. Submit copies of all medical reports and billings.
18.	Please attach documents which support the claim allegations.
a	Lolaim damages from Olympia 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 ad litem on behalf of the Claimant.

I declare under penalty of jury 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)
OR	
Signature of Representative	Date and place (residential address, city, and county)
Print Name of Representative	Bar Number (if applicable)

