

**SELAH SCHOOL DISTRICT
TORT CLAIM FORM**

For Official Use Only

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the state of Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. **Please note that claim documents and attachments become the property of Selah School District and will not be returned.**

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver Mr. Kevin McKay, Superintendent
original claim to Selah School District
316 W. Naches Avenue
Selah, WA 98942
Phone: (509) 698-8001

Business Hours: Monday – Friday 7:30 a.m. – 4:00 p.m.
Closed on weekends and official state holidays.

1. Claimant's name: _____
Last First Middle Date of birth (mm/dd/yy)
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 or Cell
6. Claimant's e-mail address: _____
7. Date of the incident: _____ Time: _____ a.m. p.m. (check 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.
(mm/dd/yyyy) (mm/dd/yyyy)

to _____ Time: _____ a.m. p.m.
(mm/dd/yyyy) (mm/dd/yyyy)

9. Location of incident: _____
Street Building Department

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
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11. State school, department or person you believe is responsible for damage/injury:

12. Names and telephone numbers of all persons involved in or witness to this incident:

13. Names and telephone numbers of all state employees having knowledge about this incident:

14. Names 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 how the Selah School District caused your injuries or damages (**if your injuries or damages were not caused by the district, do not use this form. You must file your claim against the correct entity**). 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? Please attach a copy of the report or contact information.

17. Names, addresses and telephone numbers of treating medical providers. Submit copies of all medical reports and billings.

18. Please attach documents which support the allegations of the claim.

19. I claim damages from the Selah School District in the sum of \$_____.

This Claim form must be signed by one of the following (check appropriate box).

- Claimant
- Person holding a written power of attorney from the Claimant
- Attorney in fact for the Claimant
- Attorney admitted to practice in Washington State on the Claimant's behalf
- 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)

Or

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative

Bar Number (if applicable)