

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM
General Liability Claim Form

- Before filing a Tort Claim, please read these instructions, the Tort Claim Form, and other appropriate forms in their entirety. Pursuant to Chapter 4.96 RCW, these instructions are for filing a tort claim against the City of Yakima. Information requested on the Tort Claim Form is required by RCW 4.96.010 and RCW 4.96.020 and may be subject to public disclosure.
- 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 claim can be easily read and understood.
- The following are examples on how to complete the Tort Claim Form:
 1. Smith, Jane Doe, 01/01/1234
 2. 1234 Sunny Lane, Apt. 1234, Toppenish, WA 98948
 3. PO Box 9999, Toppenish, WA 98948
 4. Same (or residence at the time of incident)
 5. (509) 123-4567 (Home) (509) 987-6543 (Cell)
 6. jsmith@emailaddress.com
 7. August 9, 2010, 8:00 a.m.
 8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time.
 9. 333 Madison Ave, Toppenish, Apple School
 10. Madison Ave nears intersection Madison Ave and S. Elm St.
 11. Enter School Department or person you believe is responsible.
 12. List all names and telephone numbers of all persons involved in or witness to this incident.
 - a. John Doe Smith, 1234 Sunny Lane, Apt. 1234, Toppenish, WA 98948 (509) 123-7654; Tow Truck Driver, Smith Towing
 - b. Unknown
 13. Names and Telephone numbers of all state employees having knowledge about this incident
 - a. Juan Cruz, 123 Chestnut St, Toppenish, WA 98948 (509) 555-9632, Teacher, Apple School
 14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 12 and 13. Also include a description of their knowledge.
 - a. For example, if your sister was with you when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
 15. Please describe how the Toppenish School District caused your injuries or damages (specifically answering the questions who, what, where, when and why). In addition, please explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.
 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 all of 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.
 18. Please attach documents which support the claim's allegation.
 19. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.
 20. Please check the box of the person signing the form, sign the form, and also put the date you signed the form and where you signed the form (for example, September 1, 2018, Toppenish, Washington).

**TOPPENISH SCHOOL DISTRICT NO. 202
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 Toppenish School District and will not be returned.**

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver John Cerna, Superintendent
original claim to Toppenish School District No. 202
306 Bolin Ave
Toppenish, WA 98948
Phone: (509) 895-4455

Business Hours: Monday – Friday 7:30 a.m. – 4:30 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.
(mm/dd/yyyy) (check one)

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)

to _____ Time: _____ ☐ a.m. ☐ p.m.
(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 Toppenish 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 Toppenish School District No. 202 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)