

**YAKIMA SCHOOL DISTRICT NO. 7  
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 Yakima School District and will not be returned.**

**PLEASE TYPE OR PRINT CLEARLY IN INK**

**Mail or deliver original claim to** Dr. Jack Irion, Superintendent  
Yakima School District No. 7  
104 N. 4<sup>th</sup> Avenue  
Yakima, WA 98908  
Phone: (509) 573-7000

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. (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.

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15. Describe how the Yakima 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.

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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.

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

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

19. I claim damages from the Yakima School District No. 7 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)*