Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Eastmont School District. Information requested on this form is required by RCW 4.92.020 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax).

**PLEASE TYPE OR PRINT IN INK**

Mail or deliver original claim to: Eastmont School District
800 Eastmont Ave
East Wenatchee, WA 98802

### CLAIMANT INFORMATION

1. Claimant's name:
   
   Last name   First   Middle   Date of birth (mm/dd/yyyy)

2. Current residential address:

3. Mailing address (if different):

4. Residential address for six months prior to the date of the incident (if different from current address):

5. Claimant's daytime telephone number: ______________  ______________
   Home          Business

6. Claimant's e-mail address: ________________________________

### INCIDENT INFORMATION

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

9. Location of incident:
   
   State and county   City   Place where occurred

10. If the incident occurred on a street or highway:

<table>
<thead>
<tr>
<th>Name of street</th>
<th>Street Address</th>
<th>At the intersection with or nearest intersecting street</th>
</tr>
</thead>
</table>

11. Agency or department alleged responsible for damage/injury:

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Standard Tort Form
Revised 08/09
12. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

13. Names, addresses and telephone numbers of all Eastmont School District employees having knowledge about this incident:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

14. 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, 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 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 this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

______________________________________________________________________________________

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

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

18. Please attach documents which support the claim’s allegations.

19. I claim damages from the Eastmont School District in the sum of $___________.

This claim form must be signed by the Claimant, a person holding a written power of attorney from claimant, an attorney for the Claimant, by an attorney admitted to practice in Washington State of behalf of the Claimant, or by a court-approved guardian or guardian ad litem on behalf of the claimant.

I declare under penalty of perjury und 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)