## STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

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.

For Official Use Only

## PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver Wenatchee School District 246

original claim to Attention: Superintendent

235 Sunset Ave. Wenatchee, WA 98801

(PO Box 1767, Wenatchee, WA 98807-1767)

Business Hours: Monday – Friday 8:00 a.m. – 4:00 p.m. Closed on weekends and official state holidays.

State and county	City, if applicab	le	Place where occurred
Location of incident:			
(mm/dd/yyyy)			
to Ti	ime:	_ a.m.	p.m.
(			
from Ti	ime:	_ a.m.	p.m.
If the incident occurred over a period of			
(mm/dd/yyyy)		d land an account	
Date of the incident:	Time:	a.m. p.m. (cl	heck one)
Claimant's e-mail address:			
Claimant's daytime telephone number:	Home	Busir	ness or Cell
Claimant's daytime telephone number:			
Residential address at time of incident: (if different from current address)			
Mailing address (if different):			
Current residential address:			
			(mm/dd/yyyy)
Last name	First	Middle	Date of birth
C			claimant's name:

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		
11.	State agency or department allego	ed responsible for damage/injury	<i>/</i> :		
12.	Names, addresses and telephone	numbers of all persons involved	d in or witness to this incident:		
13.	Names, addresses and telephone have knowledge regarding the liab resulting damages. Please include knowledge. Attach additional shee	pility issues involved in this incide e a brief description as to the nat	ent, or knowledge of the Claimant's		
14.	Describe the cause of the injury or mental injuries. Attach additional		property loss or medical, physical		
15.	Has this incident been reported to whom? Please attach a copy of the		urity personnel? If so, when and to		

<ol> <li>Names, addresses and telephone numbers of treating medical providers. Attach copies of all med reports and billings.</li> </ol>				
17. Please attach documents which supp	ort the allegations of the claim.			
18. I claim damages from Wenatchee Sch	nool District 246 in the sum of \$			
Claimant, by the attorney in fact for the Cl	aimant, a person holding a written power of attorney from the aimant, by an attorney admitted to practice in Washington State proved guardian or guardian ad litem on behalf of the Claimant.			
I declare under penalty of perjury under the correct.	e laws of the state of Washington that the foregoing is true and			
Signature of Claimant	Date and place (residential address, city and county)			
OR				
Signiture of Representative	Date and Place (residential address, city and county)			
Print Name of Representative	Bar Number (if applicable)			