

GENERAL INSTRUCTIONS FOR COMPLETING A CLAIM FOR DAMAGES FORM



Please carefully read all of the information before completing and presenting your Claim for Damages form.

Legal Requirements for Presenting a Claim for Damages Form

In order to verify the claim and additional supporting information, the law requires that the Claim for Damages form be signed by one of the following:

1. The Claimant; or
2. A person who had been given authority by the Claimant under a written power of attorney; or
3. An attorney, admitted to practice in Washington State on the Claimant's behalf; or
4. A court-approved guardian ad litem on behalf of the Claimant.

Important

1. Type or print clearly in ink and sign the Claim for Damages form.
2. The length of the Claim for Damages investigation varies greatly depending on the complexity of the issues and the availability of evidence to support the claim. A claim for Damages can be resolved more quickly when all relevant information is provided for consideration.

Present the Claim for Damages Form by Mail or in Person to:

Claims for Damages must be presented, either in person or by mail (regular mail, registered mail or certified mail, with return receipt requested) to the following:

Mailing Address: Pierce Transit
Attn: Designated Agent
3701 96th St SW
Lakewood, WA 98499

Business Hours: Monday-Friday 8am to 5pm
(Closed Weekends & Holidays)
3701 96th St SW
Lakewood, WA 98499

If you have additional questions while completing the Claim Form, contact the Risk Management Office at 253-581-8000. Please make copies of the form for your personal records before submitting your Claim for Damages form. Submitted materials will not be returned.

PIERCE TRANSIT CLAIM FOR DAMAGES



Attn: Designated Agent, 3701 96th Street SW, Lakewood WA 98499, (253) 581-8000 fax (253) 983-2707

Pursuant to Title 4, Chapter 96 of the Revised Code of Washington, all claims for damages against any local government entity shall be presented to and filed with the government entity and the government entity's designated agent within the applicable period of time limitations. RCW 4.96.020. All claims shall describe the conduct and circumstances, location, which brought about the injury or damage, describe the injury or damage, date, time, location, witnesses if known. In addition, it is necessary to provide adequate independent support of your claim, i.e., repair costs estimates, medical bills, loss wages earning statement, etc.

Claimant _____ Date of Birth _____
(First) (Middle) (Last) (Month/Day/Year)

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Current Address _____ Mailing Address (If different) _____

Residence on date of incident if different than current address:

(Give residence by House/Apt. Number, Street, City, State, Zip Code)

If your claim arose as a result of an automobile accident, please provide the following:

Driver's License Number _____ License Plate Number _____

Make of your vehicle _____ Model _____ Vehicle Year _____

Claims damages of and from Pierce Transit in the sum of \$ _____, arising out of the following circumstances:

Date of Incident: _____ Time of Incident: _____ Location: _____
(Month/Day/Year) (City, State)

LIST NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL KNOWN WITNESSES:

ACCURATELY DESCRIBE INJURIES OR DAMAGES:

STATE ITEMS OF DAMAGE CLAIMED. ITEMIZE ALL EXPENSES AND LOSSES:
(Attach additional pages if necessary)

CLAIM FOR DAMAGES



DESCRIBE WHAT HAPPENED AND WHAT YOU ARE CLAIMING. PROVIDE THE DATE, TIME AND LOCATION OF INJURY OR DAMAGE. DESCRIBE ANY DEFECTS CAUSING INJURY OR DAMAGE AND ALL ACTS OF NEGLIGENCE CLAIMED: (Use additional pages if necessary.)

State law requires that the claimant sign and verify the Claim for Damages and that the form be presented to and filed with Pierce Transit and or its designated agent before the expiration of the applicable statute of limitations. If the claimant is incapacitated from verifying, presenting, and filing the claim in the time prescribed, or if the claimant is a minor, or is a non-resident of the state absent there from during the time within which the claim is required to be filed, the claim may be verified, presented, and filed on behalf of the claimant by any relative, attorney, or agent representing the claimant. Any information requested on this claim form will be handled as part of the claims process and not as a public records request. In the event you wish to make a public records request, a form is available at Pierce Transit headquarters' front desk at 3701 96th St SW, Lakewood, WA 98499; it may also be downloaded from our website at Piercetransit.org.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Claimant (claimant must swear to claim) (Month/Day/Year)

(City, State)

Print Name of Claimant

Or

Signature of Representative

(Month/Day/Year)

(City, State)

Print Name of Representative