Logo, company name

Description automatically generated **Claim Report Form**

Logo

Description automatically generated

**RT File Number:**

**The Sacramento Regional Transit District is hereby notified that a claim for damages, as set forth below, is presented to the District:**

**➊**

Name:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_ Zip:

Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:

Work Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. #:

**The address to which notices concerning this claim are to be sent is:**

**➋**

Name:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_ Zip:

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Incident:**

**➌**

Vehicle(s) Involved: Bus \_\_\_\_\_\_\_ Light Rail \_\_\_\_\_\_\_ Other

Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_AM/PM RT Vehicle #:\_\_\_\_\_\_\_\_\_\_ Route#: \_\_\_\_\_\_\_\_\_\_

Name of RT Employee (If known):

Or Description of RT Employee:

**Location:**

Street or Light Rail Station:

Direction of Travel:

Nearest Intersection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:

**Describe what happened** (use additional pages if necessary)**:**

**CLAIM REPORT FORM Page 2**

**Describe injuries and/or property damages sustained as a result of this incident:**

**➍**

**Statement of Damages:** List any and all costs incurred to date, and estimates of any future costs as a result of this incident. Attach receipts, if available:

**➎**

**Amount**

(a) $

(b) $

(c) $

(d) $

(e) $

(a) $

***Total Amount Claimed:***  $

**➏**

**DECLARATION UNDER PENALTY OF PERJURY:**

I have read the matters and statements made herein regarding this claim; and I know the same to be true of my own knowledge, except as to those matters stated, upon information and belief and as to such matters I believe the same to be true:

**I certify under penalty of perjury that the foregoing is true and correct.**

Executed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at

Month Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

City State Claimant’s Signature

Type or Print Claimant’s Name

*WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM* **(Penal Code 72)**

**Mail To:**

**Logo, icon

Description automatically generated**

Sacramento Regional Transit District

**Risk Management Department**

**1102 Q Street, Suite 3000 • Sacramento, CA 95811**