 **Claim Report Form**



 **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)**:**

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 **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:**

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Sacramento Regional Transit District

**Risk Management Department**

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