

# 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 has 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 or guardian ad litem on behalf of the Claimant.

## **Important**

1. State Law requires an original signature on the Claim for Damages form. This means that claim forms cannot be submitted electronically (fax or Email).
2. Type or print clearly in ink and sign the Claim for Damages form. Your signature is required to be notarized on the Claim for Damages form. If this is not done your Claim Form will be returned to you for notary of your signature and may delay the process.
3. Provide all requested information and any available documents or evidence supporting your claim. For all vehicle property damage claims we request you provide two repair estimates. If you were treated for a personal injury, please provide the names, addresses, telephone numbers and type of treatment of all your medical providers.
4. 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 and closed quicker when all relevant information and documents are provided for consideration.

## **Present in Person or Mail the Claim for Damages Form and Supporting Documents 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	Business Hours:	Monday-Friday 8 am to 5 pm
	Attn: Designated Agent		Closed Weekends and Holidays
	PO Box 99070	Street Address:	3701 96 <sup>th</sup> Street SW
	Lakewood, WA 98496-0070		(Corner of 96 <sup>th</sup> & South Tacoma Way)

If you have additional questions while completing the Claim Form contact the Risk Management Office at 253.581.8080. Please make copies for your personal records before submitting your Claim for Damages form. Submittal material will not be returned.

After the claim is presented to Pierce Transit, the Risk Management Office will process the claim and acknowledge your Claim by letter with the name and phone number of the person who will be handling your claim.



CLAIM FOR DAMAGES  
 Attn: Designated Agent  
 PO Box 99070  
 Lakewood WA 98496-0070  
 P 253.581.8080 F 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 supportive documentation in support of your claim, for example: repair costs estimates, medical bills, loss wages earning statement, etc.

Claimant's Name \_\_\_\_\_  
 (First) (Middle) (Last)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

And who, for six months prior to accrual of claim or date of accident, has resided at:

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

Date of Birth \_\_\_\_\_  
 (Month/Day/Year)

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)

DESCRIBE YOUR CLAIM, GIVING DATE AND TIME OF INJURY OR DAMAGE OCCURRED, PLACE AND FULL SPECIFICS, ACCURATELY LOCATING AND DESCRIBING DEFECTS CAUSING INJURY OR DAMAGE AND ALL ACTS OF NEGLIGENCE CLAIMED: (Use additional pages if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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)

\_\_\_\_\_  
\_\_\_\_\_

State law requires that the claimant sign and verify the Claim for Damages and that it be presented to and filed with Pierce Transit and 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 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.

\_\_\_\_\_  
Signature of Claimant (claimant must swear to claim) (Month/Day/Year) (City, State)

STATE OF WASHINGTON )  
County of Pierce ) ss.  
)

\_\_\_\_\_, Being duly sworn and on oath, deposes and says that the above claim is true and correct and was executed as their free act and deed.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_