

# PIERCE TRANSIT CLAIM FOR DAMAGES



Attn: Designated Agent, PO Box 99070, Lakewood WA 98496-0070, (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 \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell 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)  
\_\_\_\_\_  
\_\_\_\_\_

