STANDARD CLAIM FORM

Please type or print in ink

Please return signed form electronically, or hand-written, to the Office of the CEO		
Address: 2312 W. Casino Road Everett, WA 98204	**Business Hours:** Mon – Fri 8:00am – 5:00pm	**Contact Email:** Claims@Commtrans.org

Personal Information	
Claimant's Name: *(First, middle, last)*	
Claimant's Date of Birth:	
Residence / Mailing Address: *(At time of incident)*	
Daytime Telephone #: *(Home, cell or business)*	
E-mail:	

Incident Information		
Date of Incident:		
Time of Incident:		**AM** ☐ **PM** ☐
Location of Incident: *(Address, city, county)*		
Names, addresses, and telephone numbers of all persons involved, or witness, to this incident: *(Attach additional sheets if necessary)*		
Names, addresses, and telephone numbers of all Community Transit employees having knowledge about this incident: *(Attach additional sheets if necessary)*		

Describe conduct and circumstances causing injury or damages, explaining extent of medical, physical, or mental injuries: *(Attach additional sheets if necessary)*
Name, address, and telephone number of treating physician(s) and attach copies of medical reports and billing(s):
I / we do hereby claim damages from _____ in the sum of $_____ *(To be determined (TBD) is appropriate if you do not have a damage estimate or have not completed medical treatment)*

CLAIMAINT, OR LEGAL GUARDIAN, MUST SIGN THIS CLAIM FORM
I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. _____ **Signature** **Date and Place** *(Address, city, & county)* If the claimant is incapacitated from verifying, presenting, and filing the claim of if the claimant is a minor, or is a nonresident of this state, the claim may be verified, presented, and filed on behalf of the claimant by any relative, attorney, or agent representing the claimant. All claims for the damages against Washington State Transit Insurance Pool Members arising out of tortuous conduct shall be presented to and filed with the appropriate transit property.