communitytransit

Please return to:
Office of the CEO
Community Transit
2312 W Casino Rd
Everett, WA 98204

Business Hours: Mon – Fri
8:00am - 5:00pm

Claims@Commtrans.org

STANDARD CLAIM FORM
PLEASE TYPE OR PRINT IN INK

PERSONAL INFORMATION

1. CLAIMANT'S NAME:

____
Last Name First Middle Date of Birth (mm/dd/yyyy)

2. RESIDENCE ADDRESS (at time of incident):

____

3. MAILING ADDRESS (IF DIFFERENT):

____

4. DAYTIME TELEPHONE: ( ) ________________ ( ) ________________
Home Business

5. E-mail____

INCIDENT INFORMATION

6. DATE OF INCIDENT: ________/________/________
month day year

7. TIME: _______ A.M. / P.M. (CIRCLE ONE)

8. LOCATION OF INCIDENT:

____
Address City County

9. NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS INVOLVED, OR WITNESS, TO THIS INCIDENT: (Attach additional sheets if necessary)

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____

10. NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL COMMUNITY TRANSIT EMPLOYEES HAVING KNOWLEDGE ABOUT THIS INCIDENT: (Attach additional sheets if necessary)

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11. DESCRIBE CONDUCT AND CIRCUMSTANCES CAUSING INJURY OR DAMAGES, EXPLAINING EXTENT OF MEDICAL, PHYSICAL, OR MENTAL INJURIES (ATTACH ADDITIONAL SHEETS, IF NECESSARY):

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___

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12. NAME, ADDRESS, AND TELEPHONE NUMBER OF TREATING PHYSICIAN(S) AND ATTACH COPIES OF MEDICAL REPORTS AND BILLINGS:

___

___

___

13. 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.)

CLAIMANT 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 of Claimant   Date and Place (address, city and 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.