

# 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 had 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 ad litem on behalf of the Claimant.

## Important

1. Type or print clearly in ink and sign the Claim for Damages form.
2. 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.
3. 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  
Attn: Designated Agent  
3701 96th St. SW  
Lakewood, WA 98499

Business Hours: Monday-Friday 8am to 5pm  
Closed Weekends and Holidays  
Street Address: 3701 96<sup>th</sup> Street SW  
Lakewood WA 98499  
(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 253-581-8000. Please make copies for your personal records before submitting your Claim for Damages form. Submittal material will not be returned.

# PIERCE TRANSIT CLAIM FOR DAMAGES



**Attn: Designated Agent, 3701 96th Street SW, Lakewood WA 98499, (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 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work 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)  
\_\_\_\_\_  
\_\_\_\_\_

