

Return to: Jefferson Transit Authority 63 4 Corners Road, Port Townsend, WA 98368

STANDARD CLAIM FORM (PLEASE TYPE OR PRINT IN INK)

PERSONAL INFORMATION

•	CLAIMANT'S NAME: Last Name First	Middle	Data of Birth (mth/day/\r\	Cocial Cocurity #	
	Last Name First	Middle	Date of Birth (mtn/day/yr)	Social Security #	
	RESIDENCE ADDRESS:					
	MAILING ADDRESS (IF	DIFFERENT):				
	RESIDENCE ADDRESS SIX MONTHS PRIOR TO THIS CLAIM:					
	CLAIMANT'S DAYTIME TELEPHONE: () () Home Business					
\CI	DENT INFORMATION					
	DATE OF INCIDENT: _	month day	/year			
	TIME: A.M. /	P.M. (CIRCLE (ONE)			
	LOCATION OF INCIDENT:					
	address	C	ity	county		
	NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS INVOLVED, OR WITNESS, TO THIS INCIDENT:					

10.	NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL TRANSIT MEMBER EMPLOYEES HAVING KNOWLEDGE ABOUT THIS INCIDENT:
11.	DESCRIBE CONDUCT AND CIRCUMSTANCES CAUSING INJURY OR DAMAGES, EXPLAINING EXTENT OF MEDICAL, PHYSICAL, OR MENTAL INJURIES (ATTACH ADDITIONAL SHEETS, IF NECESSARY):
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 JEFFERSON TRANSIT AUTHORTIY IN THE SUM OF \$
CLAIM	ANT OR LEGAL GUARDIAN MUST SIGN THIS CLAIM FORM
	or declare under penalty of perjury under the laws of the State of Washington that the foregoing and correct.
Signatu	re 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.