



CLAIM REPORT FORM

RT File Number:

The Sacramento Regional Transit District is hereby notified that a claim for damages, as set forth below, is presented to the District:

1 Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Birth Date: _____
Work Phone: (____) _____ Soc. Sec. #: _____

2 The address to which notices concerning this claim are to be sent is:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (____) _____

3 **Description of Incident:**
Vehicle(s) Involved: Bus _____ Light Rail _____ Other _____
Date: _____ Time: _____ AM/PM RT Vehicle #: _____ Route#: _____
Name of RT Employee (If known): _____
Or Description of RT Employee: _____
Location:
Street or Light Rail Station: _____
Direction of Travel: _____
Nearest Intersection: _____ City: _____

Describe what happened (use additional pages if necessary):

4 Describe injuries and/or property damages sustained as a result of this incident:

Statement of Damages: List any and all costs incurred to date, and estimates of any future costs as a result of this incident. Attach receipts, if available:

5

	Amount	
(a) _____	\$ _____	
(b) _____	\$ _____	
(c) _____	\$ _____	
(d) _____	\$ _____	
(e) _____	\$ _____	
(a) _____	\$ _____	
Total Amount Claimed:		\$ _____

6 DECLARATION UNDER PENALTY OF PERJURY:

I have read the matters and statements made herein regarding this claim; and I know the same to be true of my own knowledge, except as to those matters stated, upon information and belief and as to such matters I believe the same to be true:

I certify under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, _____ at

_____, _____
City State

Month Year

Claimant's Signature

Type or Print Claimant's Name

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code 72)



Mail To:
Sacramento Regional Transit District
Risk Management Department
1102 Q Street, Suite 3000 • Sacramento, CA 95811