



**Sound Transit Policy and Procedure  
for Resolving Beacon Hill Tunnel  
Damage Claims**

1. Prior to construction, Sound Transit is videotaping/photographing the interiors and exteriors of all properties subject to condemnation for the Beacon Hill Tunnel.
2. Once construction has begun, if you believe your property has been damaged, call Sound Transit's 24-hour hotline at 1 (888) 298-2395 to obtain a Damage Claim Form. You can also print the Damage Claim Form from Sound Transit's web site at [www.SoundTransit.org](http://www.SoundTransit.org), click on "Project & Plans", then "Projects by Service," click "Link Light Rail" and then on "Beacon Hill."
3. Fill out the Damage Claim Form and submit it to:

Risk Manager  
Sound Transit  
401 S. Jackson Street  
Seattle, WA 98104-2826

Within 10 business days of receipt of your Damage Claim Form, Sound Transit will contact you to arrange for an inspection and videotaping/photography of your property.

4. Sound Transit will compare its videotape/photography of your property before construction began with its videotape/photography following your damage claim and may require your cooperation in investigating other potential causes of the damage (e.g., information about construction conducted within the structure or in the vicinity). For a period of one (1) year after substantial completion of the tunnel construction if the inspection/photography show property damage, Sound Transit will presume, absent evidence to the contrary, that the damage was caused by the construction of the tunnel. Sound Transit will arrange for the repair of the damage to your property and pay for the repairs. Sound Transit will notify property owners in writing when substantial completion of the tunnel construction has been reached.
5. If you bring your damage claim more than one (1) year after the substantial completion of the tunnel construction, Sound Transit may require you to demonstrate that the property damage, if any, was caused by the construction of the tunnel. If Sound Transit agrees that the property damage was caused by the construction of the tunnel, Sound Transit will arrange for the repair of the damage to your property and pay for the repairs. If Sound Transit does not agree that the property damage was caused by the construction of the tunnel, you may mediate your claim with Sound Transit. No attorney is required for mediation. You may suggest a mediator or Sound Transit will provide you with a list of potential mediators. Sound Transit will pay the cost of mediation. If the mediation is unsuccessful, you are free to pursue all available legal remedies.

Please contact the Risk Manager at 206-398-5096 if you have any questions about this policy.

**Owner Controlled Insurance Program (OCIP) Claim Report Form**  
Beacon Hill Tunnel Damage Claim Form



OCIP Contractor **or** Third-party Claimant: \_\_\_\_\_

Contract No. (If applicable) \_\_\_\_\_

Date reported: \_\_\_\_\_ Date *and* Time of Incident: \_\_\_\_\_

Who is reporting this Incident? \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_

**WHAT HAPPENED?** (Describe operation, activity, equipment, conditions and how incident occurred. Use separate sheet & diagram if necessary and attach photographs.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Hazardous Materials Involved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PRIMARY CAUSE:** (Condition or act that caused the incident.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED CORRECTIVE ACTION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEE(S) INJURY:** (List any injured employee(s) name, address, phone number, and describe the nature of the injury.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EMPLOYEE(S) INJURY continued** Other Employee(s) Involved: (name, address, phone number)

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**INJURY OR PROPERTY DAMAGE TO THIRD-PARTIES (non-employees):** (Describe. Include name, address, phone numbers of parties involved.)

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**COMPANY PROPERTY DAMAGE OR LOSS:** (Describe)

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**WITNESSES:** (name, address, phone number.)

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Police Report? Yes \_\_\_ No \_\_\_ If Yes, Case No. \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Resident Engineer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*and/or*

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sound Transit will contact you within 10 business days after receipt of this form to arrange for an inspection and videotaping/photography of the claimed property damage.