



SOUNDTRANSIT Sound Transit Claim Form

This fillable .pdf form can be used instead of using the [online portal](#). Or the Washington State Standard Tort Claim Form may be used instead of this form (see Revised Code of Washington (RCW 4.96). The Standard Tort Claim Form can be found [here](#). This claim form and any documents submitted with this claim form are considered public records and are subject to disclosure (RCW 42.56).

Failure to present this form to Sound Transit within the statute of limitations of your claim may preclude any reimbursement.

Instructions for completing the claim form:

Please provide all requested information and any available documents or evidence supporting your claim, such as photographs, videos, proof of ownership and repair estimates for property damage, medical records and bills for bodily injury, etc. If you need additional space to answer any item, use the back or second page of this form or attach a separate page(s).

Claim form submission:

Email the completed form and attachments to claims@soundtransit.org or mail or deliver your completed form and attachments to: **Sound Transit, ATTN: Risk Management Division, 401 S. Jackson Street, Seattle, WA 98104-2326**. Business hours are Monday-Friday 8:00 am – 5:00pm.

Claim Considerations:

The Sound Transit Risk Management Division will review your claim. You will receive a claim acknowledgment by mail, email, or telephone call.

Your claim will be evaluated based on the facts presented, applicable laws, Sound Transit's (and its contractors') legal responsibility, and the extent of damages.

Your claim may result in one of three outcomes:

- Sound Transit will pay a sum of money.
- The claim will be tendered or transferred to a different responsible party or entity.
- The claim will be denied if there is no evidence of Sound Transit's liability.

If you have questions, please contact Sound Transit at 206-398-5000.

Submitting a service of process

The Board Administrator or their delegate is the only authorized representative for Sound Transit for legal service of process. Please deliver documents to Katie Flores at Sound Transit's office, 401 S. Jackson Street, Seattle, WA.



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Sound Transit may submit this Claim Form to one or more of its insurance companies.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Claimant information

| | |
|---------------------------------------|---|
| Claimant's Name: | Current residential address: |
| Claimant's Title (Mr./Mrs./Dr. etc.): | Mailing address (if different): |
| Claimant's Date of Birth: | Residential address at the time of the incident (if different from current address) |
| Claimant's Email: | Claimant's Phone#: Alternate phone#: |

Incident information

| | |
|---|--|
| Date and Time the incident and alleged injury or damage occurred: | Type of Injury or damage: (Check all that apply) |
| Location where the incident and alleged injury or damage occurred: | Bodily Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> |
| Describe the conduct and circumstances that caused the injury or damage: | If Property or Vehicle Involved, Registered Owner's Name, Address, and Phone #, if different from Claimant: |
| | |
| | Year/Make/Model: |
| | License #/State: |
| Amount of Damage Claimed: | Has the incident, injury, or damage been reported to Claimant's insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Reported to Law Enforcement? Yes <input type="checkbox"/> No <input type="checkbox"/> | Citation Issued? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Law Enforcement Agency: | Report #: |

| | | |
|---|----------------------|--|
| Were pictures taken? Yes (please include) <input type="checkbox"/> No <input type="checkbox"/> | | Was a Sound Transit Incident Report Form previously prepared regarding this incident? Yes (attach Incident Report) <input type="checkbox"/> No <input type="checkbox"/> |
| Are you represented by an attorney? Yes (include name, mailing address, email address and phone#) <input type="checkbox"/> No <input type="checkbox"/> | | |
| List all People/ Witnesses Involved: | Address and Phone #: | Nature of Involvement/Witness: |
| | | |
| Who is reporting the incident and alleged damaged or injury (Check all that apply)? Claimant <input type="checkbox"/> Claimant's Representative <input type="checkbox"/> Other: <input type="checkbox"/> | | |

Declaration and Signature

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

| | |
|--|---------------------------------|
| I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct Signature of Claimant or Claimant's Representative: | |
| | |
| Date and Place (City/State): | Print Name and Title of Signer: |
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