



Sound Transit Claim Form

Any person or entity asserting a Claim against Sound Transit for tort damages may use this Sound Transit Claim Form or the Washington State Standard Tort Claim Form. RCW 4.96 *et seq.* The Washington State Standard Tort Claim Form may be obtained from (1) the Washington State Risk Management Division of the Office of Financial Management; (2) that Agency's web site; or (3) the Sound Transit Risk Management Division.

NOTE: Regardless of whether you choose to use the Washington State Standard Tort Claim Form or the Sound Transit Claim Form, to properly present your claim to Sound Transit you must deliver or mail the completed form to the Sound Transit Board Administrator, Sound Transit's agent to receive all claims for tort damages, pursuant to RCW 4.96.020. DO NOT submit your chosen Claim Form to the Washington State Office of Financial Management, Risk Management Division, as appears on the Washington State form.

This Sound Transit Claim Form may also be used to submit a claim for insurance purposes by Sound Transit contractors.

Failure to present this form to Sound Transit in a timely fashion following any alleged damage may preclude and/or delay any reimbursement, even if your claim might otherwise be valid.

PURSUANT TO RCW 4.96.020(2), TO PROPERLY PRESENT YOUR CLAIM, YOU MUST EITHER DELIVER IN PERSON OR MAIL BY REGULAR MAIL, REGISTERED MAIL, OR CERTIFIED MAIL, WITH RETURN RECEIPT REQUESTED, A COMPLETED CLAIM FORM TO SOUND TRANSIT'S AGENT TO RECEIVE CLAIMS FOR DAMAGES AS FOLLOWS:

Ms. Katie Flores
Board Administration
Central Puget Sound Regional Transit Authority
d/b/a Sound Transit
401 S. Jackson St.
Seattle, WA 98104-2826

Business Hours: 8:00 a.m. to 5:00 p.m.
Monday through Friday
Closed weekends and
official Washington State holidays

INSTRUCTIONS FOR COMPLETING THE SOUND TRANSIT CLAIM FORM; This is a .pdf form that can be filled in on-line and printed for submittal to the Board Administrator. (Please Type or Print Legibly – If you need additional space to answer any item, please use the back or second page of this form or attach a separate page(s). – 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.).

Box	Name	Description
1.	Claimant's Name:	Enter the name of the person, company, or business asserting the claim. RCW 4.96.020(3)(a)(i).
2.	Claimant's Title:	Enter the Title of the person, company, or business asserting the claim. (For a company or business, enter the type of business and the name and title of a contact person. You may leave this blank if the Claimant is a Member of the Public).
3.	Claimant's Date of Birth:	Enter the Date of Birth of the person asserting the claim. RCW 4.96.020(3)(a)(i).
4.	Claimant's Social Security Number (Optional):	Claimant is not required to provide his/her Social Security Number on this form. RCW 4.96.020(3)(c)(i).
5.	Claimant's Residential Address at the Time of the Incident and Alleged Injury or Damage:	Please provide Claimant's complete address at the time of the incident giving rise to the claim. RCW 4.96.020(3)(a)(vii).
6.	Claimant's Residential Address at the Time of Presenting the Claim (if different from Section 5):	Please provide Claimant's complete address at the time of presenting the claim to Sound Transit, if different from Claimant's residential address at the time of the incident and alleged injury or damage (Section 5). RCW 4.96.020(3)(a)(vii).
7.	Claimant's Phone: Home #, Cell #, and Work #:	Please list Claimant's current home, cell, and work phone numbers. RCW 4.96.020(3)(a)(i).
8.	Date and Time the incident and alleged injury or damage occurred:	Please enter the date and time the incident and alleged injury or damage occurred (month-day-year). RCW 4.96.020(3)(a)(iv).

9.	Location where the incident and alleged injury or damage occurred:	Please provide a description of the exact location where the incident and alleged injury or damage occurred. Provide a street address if possible. RCW 4.96.020(3)(a)(iv).
10.	Type of Injury:	Please check all the boxes which most accurately describe Claimant's alleged injury. (More than one box may be selected.)
11.	Type of Damage:	Please check all the boxes which most accurately describe Claimant's alleged damage. (More than one box may be selected.)
12.	Description of the conduct and circumstances that brought about the injury or damage, and description of the injury or damage:	Please provide a complete description of the conduct and circumstances that caused the alleged injury or damage, and a detailed description of the nature of Claimant's alleged injury and/or damage. RCW 4.96.020(3)(a)(ii) and (iii). PLEASE TYPE OR PRINT LEGIBLY. Provide as much detail as possible. If the alleged damage or injury involved moving vehicles, identify the vehicles, provide directions of travel, the points of impact on the roadway and on each vehicle, the traffic controls, the damage to each vehicle, the identity of each injured person, and the nature of the injury. If you need more space, please use the back or second page of this form or attach a separate page(s). In addition, please provide copies of any photographs, videos, and other documents or material related to the incident, Claimant's injury or damage, or any other person involved in the incident.
13.	If Vehicle Involved, Registered Owner Name, Address, and Phone if different from Claimant:	If the incident involved a vehicle or heavy equipment, please provide the Registered Owner's Name, Address, and Phone Number; and the Year, Make, Model, License #, and State on the license plates. If more than one vehicle or heavy equipment was involved, please provide the same descriptive information for each by using the back or second page of this form or by attaching a separate page(s).
14.	Amount of Damage Claimed:	Please provide the total amount of damage Claimant claims expressed in United States currency. RCW 4.96.020(3)(a)(vi).
15.	Has the incident, injury, or damage been reported to Claimant's insurance company?	Please check either the "Yes" box or the "No" box.
16.	Reported to Law Enforcement? If not reported, why not?	Please check either the "Yes" box or "No" box. If the incident was not reported to a law enforcement agency, please provide an explanation, if you know.
17.	Law Enforcement Agency:	Please provide the name of the Law Enforcement Agency to whom the incident was reported.
18.	Report #:	If any law enforcement agency investigated the incident, please provide the report number, if you know it. It is not necessary to wait for the issuance of a report before delivering or mailing this Sound Transit Claim Form.
19.	Were pictures taken?	Please check either the "Yes" box or the "No" box. If pictures were taken, kindly provide copies with this form to Sound Transit.
20.	Citation issued?	Please check the "Yes" box if a citation was issued to any person involved in the incident. Otherwise, check the "No" box.
21.	Was a Sound Transit Incident Report Form previously prepared regarding this incident?	If you know that a Sound Transit Incident Report Form was previously submitted to Sound Transit Risk Management Division regarding the incident, please check the "Yes" box and provide a copy with this form, if you have access to the Incident Report. Otherwise check the "No" box.
22.	Claimant's Additional Home Addresses:	Please provide the addresses of all other residences at which the Claimant resided during the six (6) months immediately prior to the incident. If more space is needed, please use the back or second page of the form or attach a separate page(s).
23.	Claimant's Employer's Name and Address:	Please provide the name and address of Claimant's Employer.
24.	List all People involved and/or Witnesses:	If you know, please provide the full name, address, and telephone number of all the people involved in the incident or who witnessed the incident or Claimant's alleged injury or damage. RCW 4.96.020(3)(a)(v). Please provide the nature of their involvement (i.e., passenger, other driver, pedestrian, etc.) and/or if they are a witness. If more space is needed, please use the back or second page of the form or attach a separate page(s).
25.	Who is reporting the incident and alleged injury or damage?	To indicate who completed and is submitting the Sound Transit Claim Form, please check all the boxes that apply. (Is the person completing this form a Claimant, Non-Claimant, Member of the Public, Sound Transit Personnel, Sound Transit Contractor Personnel, or Other?)
26.	Signature of Claimant or Claimant's Representative:	The Claim Form MUST be signed either by the Claimant, verifying the claim, Claimant's attorney-in-fact, Claimant's attorney (admitted to practice law in Washington state), or a court-approved guardian or guardian ad litem on behalf of the Claimant. RCW 4.96.020(3)(b). The Claim Form submitted MUST have an original signature.
27.	Date and Place (City/State):	Please enter the date (month-day-year) and the name of the City and State where you are signing the Sound Transit Claim Form.
28.	Print Name and Title of Signer:	If this form is signed by someone other than the Claimant, please print the name and title of the signer. NOTE: UNDER WASHINGTON LAW, RCW 4.96.020(3)(b), ONLY CERTAIN PEOPLE CAN VALIDLY SIGN FOR A CLAIMANT. SEE INSTRUCTIONS FOR ITEM 26. ABOVE. IF THE SIGNER IS NOT ONE OF THE PERSONS LEGALLY AUTHORIZED TO SIGN FOR A CLAIMANT, THEN THE PRESENTATION OF THE CLAIM TO SOUND TRANSIT MAY BE INVALID WHICH MAY AFFECT CLAIMANT'S LEGAL RIGHTS, INCLUDING, BUT NOT LIMITED TO, BARRING THE CLAIMANT FROM BRINGING THE SAME CLAIM OR FILING A LAWSUIT RELATED TO THE SAME INCIDENT AGAINST SOUND TRANSIT IN THE FUTURE DUE TO THE APPLICATION OF A STATUTE OF LIMITATION. RCW 4.96.020(3)(b).



Sound Transit Claim Form

A CLAIM FOR DAMAGES MUST BE PRESENTED TO THE SOUND TRANSIT BOARD ADMINISTRATOR BY PERSONAL DELIVERY OR MAIL. SEE INSTRUCTIONS. RCW 4.96.020

Claims involving injuries from health care are governed solely by the procedures set forth in RCW 7.70 and are exempt from RCW 4.96. Under the Public Disclosure Act (RCW 42.56) this claim form and any documents submitted with this claim form are considered public records and are subject to disclosure.

Sound Transit may submit this Claim Form to one or more of its Insurance Companies. PLEASE BE ADVISED THAT 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. RCW 48.135.080

{For Sound Transit Use Only}

ST Claim #:

- Agency Operations
- Railroad Operations (Sounder & Tacoma Link)
- Central Link Light Rail
- OCIP - University Link
- OCIP - Central Link
- Partner Agency

1. Claimant's Name:	5. Claimant's Residential Address at Time of Incident and Alleged Injury or Damage:
2. Claimant's Title:	6. Claimant's Residential Address at the Time of Presenting the Claim (if different from Section 5):
3. Claimant's Date of Birth:	7. Claimant's Phone: Home #:
4. Claimant's Social Security Number (Optional):	Cell#: Work#

8. Date and Time the incident and alleged injury or damage occurred:	10. Type of Injury: (Check all that apply) <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Injury to Person(s) Other Than Claimant <input type="checkbox"/> Medical Aid Necessary	11. Type of Damage (Check all that apply) <input type="checkbox"/> Real Property <input type="checkbox"/> Vehicle <input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Personal Property <input type="checkbox"/> To Project
9. Location where the incident and alleged injury or damage occurred:			

12. Description of the conduct and circumstances that brought about the alleged injury or damage, and description of the alleged injury or damage:	13. If Vehicle Involved, Registered Owner Name, Address, and Phone if different from Claimant:
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	Year/Make/Model:
	License #/State:

14. Amount of Damage Claimed:	15. Has the incident, injury, or damage been reported to Claimant's insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>
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16. Reported to Law Enforcement? Yes <input type="checkbox"/> No <input type="checkbox"/> If not reported, why not?	17. Law Enforcement Agency:
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18. Report #:	19. Were pictures taken? Yes <input type="checkbox"/> (please include) No <input type="checkbox"/>
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20. Citation Issued? Yes <input type="checkbox"/> No <input type="checkbox"/>	21. Was a Sound Transit Incident Report Form previously prepared regarding this incident? Yes <input type="checkbox"/> (If yes, please attach Incident Report) No <input type="checkbox"/>
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22. Claimant's Additional Home Addresses (List all addresses for the 6 months prior to the incident).	23. Claimant's Employer's Name and Address:
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24. List all People involved and/or Witnesses:	Address and Phone #:	Nature of Involvement/Witness
Name:		
Name:	Address and Phone #:	Nature of Involvement/Witness

25. Who is reporting the incident and alleged damaged or injury (Check all that apply)? <input type="checkbox"/> Claimant <input type="checkbox"/> Non-Claimant <input type="checkbox"/> Member of Public <input type="checkbox"/> Contractor Personnel <input type="checkbox"/> Sound Transit Personnel <input type="checkbox"/> Other:

26. 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:

27. Date and Place (City/State):	28. Print Name and Title of Signer:
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