



**Metro**<sup>®</sup>

Dear Claimant:

In order to file a Claim for Damages you must fill out the enclosed form as completely as possible, using blue or black pen. Be sure to include your current address, telephone number and signature in spaces provided. In case of automobile damage, only the registered owner may present a claim for repairs and must sign the form.

Mail your completed form to:

**BOARD SECRETARY'S OFFICE – LEGAL SERVICES**  
**Los Angeles County Metropolitan Transportation Authority (Metro)**  
**One Gateway Plaza, 99-PL-4**  
**Los Angeles, CA 90012- 2952**

After your claim is processed our Insurance Adjuster will contact you in approximately ten days.

**NOTE: NO PAYMENT WILL BE MADE UNTIL IT IS DETERMINED THAT METRO IS LEGALLY RESPONSIBLE FOR YOUR DAMAGES.**

Thank you for the opportunity to assist you in this matter.

Enclosed: Claim for Damages Form

# Claim for Damages

Los Angeles County Metropolitan Transportation Authority  
One Gateway Plaza, Mail Stop 99-PL-4, Los Angeles, CA 90012-2952

Please type or print.

---

**CLAIMANT INFORMATION:**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name/Initial

\_\_\_\_\_  
Occupation                                      Social Security Number                                      Birth Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City | State | Zip                                      Telephone Number

**FOR OFFICE USE ONLY**

Claim number &amp; Receipt date

---

**IF CLAIMANT IS A MINOR, PARENT OR GUARDIAN INFORMATION:**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name/Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City | State | Zip                                      Telephone Number

---

**IF YOU HAVE AN ATTORNEY PLEASE COMPLETE THIS SECTION:**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name/Initial                                      Telephone Number

\_\_\_\_\_  
Street Address                                      City | State | Zip

---

**INCIDENT INFORMATION:**

Please indicate if you were a Metro bus or Metro Rail passenger:  Yes  No

- bus     rail     platform     parking lot     bus stop     terminal     other \_\_\_\_\_
- Other than bus or rail car, vehicle description \_\_\_\_\_
- Accident Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Location** \_\_\_\_\_
- Direction** \_\_\_\_\_ **On Which Street** \_\_\_\_\_ **Cross-Street** \_\_\_\_\_
- Speed** \_\_\_\_\_ **Weather** \_\_\_\_\_ **Bus or Rail Car #** \_\_\_\_\_ **Line #** \_\_\_\_\_
- Boarding Point** \_\_\_\_\_ **Operator Name or Badge #** \_\_\_\_\_

---

**OWNER OF PRIVATE VEHICLE PLEASE COMPLETE THIS SECTION:**

- Name** \_\_\_\_\_ **Driver License #** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Vehicle: Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_  
**Insured?**  Yes  No **Vehicle Lic. #** \_\_\_\_\_ **Injured?**  Yes  No **Insurance Tel. #** \_\_\_\_\_  
**Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

CONTINUED

Please type or print.

---

**CLAIMANT PLEASE COMPLETE THIS SECTION:**

8. Describe what occurred (if necessary, you may add another page):

---

---

9. What particular act or omission do you claim caused the injury or damage? Please give a detailed description.

---

---

10. What property damage or bodily injury do you claim? Give full extent of damage or injury claimed:

---

---

11. The amount claimed if under \$10,000 as of the date of presentation together with the basis of computation thereof. Attach medical bills and/or repair estimates.

---

---

12. Name(s) and address(es) of witness(es):

---

---

13. Name(s) and address(es) of doctor(s):

---

---

14. Dates of prior claims against the Los Angeles County Metropolitan Transportation Authority (METRO) or Southern California Rapid Transit District (RTD). If none, write "None".

---

---

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

---

Claims arising after January 1, 1988 must be filed within 6 months from the date of accident. For Law governing filing of claim and statute of limitations as to filing action see Chapter 201 Statutes 1987 (Sec 900 ET SEQ Government Code). For your protection California Law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in State Prison. Added by Stats. 1989, c. 1119, S 3.

Please mail your claim to:

Metro Board Secretary's Office – Legal Services

One Gateway Plaza, 99-PL-4, Los Angeles, CA 90012-2952

