



Metro[®]

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, M/S 99-3-1
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 99-3-1, 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 & 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, 99-3-1, Los Angeles, CA 90012-2952

