



SPOKANE TRANSIT CLAIM FOR DAMAGES FORM

For injury or damages to persons or personal property

Please type or print in ink

Please return signed form electronically or handwritten to the STA Claims Department

<p style="text-align: center;">Address:</p> <p>1230 W. Boone Ave. Spokane, WA 99201</p>	<p style="text-align: center;">Business Hours:</p> <p>Monday – Friday 8:00am – 5:00pm</p>	<p style="text-align: center;">Email:</p> <p>claims@spokanetransit.com</p>
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Personal Information

<p>Claimant's Name: (First, middle, last)</p>	
<p>Claimant's Date of Birth:</p>	
<p>Residence/Mailing Address: (At time of incident)</p>	
<p>Daytime Phone number: (Home, cell and/or business)</p>	
<p>Email:</p>	

Incident Information

<p>Date of Incident:</p>	
<p>Time of Incident:</p>	<p>AM <input type="checkbox"/> PM <input type="checkbox"/></p>
<p>Location of Incident: (Address, city, county)</p>	
<p>Names, addresses and phone numbers of all persons involved, or witness, to this incident: <i>(attach additional sheets if necessary)</i></p>	
<p>Names and phone numbers of all Spokane Transit employees who have knowledge about this incident: <i>(attach additional sheets if necessary)</i></p>	



Describe conduct and circumstances causing injury or damage, explaining extent of medical, physical or mental injuries:

(Attach additional sheets if necessary)

Name, address and phone number of treating medical provider(s):

I/we do hereby claim damages from _____ in the sum of \$_____ *(To be determined (TBD) is appropriate if you do not have a damage estimate or have not completed medical treatment)*

CLAIMANT, OR LEGAL GUARDIAN, MUST SIGN THIS CLAIM FORM

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date and Place (Address, city & county)

If the claimant is incapacitated from verifying, presenting, and filing the claim or if the claimant is a minor, or is a nonresident of this state, the claim may be verified, presented, and filed on behalf of the claimant by any relative, attorney, or agent representing the claimant. All claims for damages against Washington State Transit Insurance Pool Members arising out of tortuous conduct shall be presented to and filed with the appropriate transit company.