

Claim for Damages Against the Santa Cruz Metropolitan Transit District

Please submit claim and supporting documentation to:

Santa Cruz Metropolitan Transit District (METRO), Risk Department, 110 Vernon Street, Santa Cruz, CA 95060

Untimely or insufficient (incomplete) claims will be returned.

*** = Required ** = Required if known** Please print or type clearly

<p>1. *Claimant's Name and Street Address:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p style="text-align: center;">Telephone Numbers:</p> <p>Home: _____ Cell: _____</p>	<p>2. *Send Official Notices and Correspondence to:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p style="text-align: center;">Telephone Numbers:</p> <p>Home: _____ Cell: _____</p>														
<p>3. *Medicare Reporting</p> <p>Are you presently, or have you ever been, enrolled in Medicare Part A or B? Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>IF YES please provide the following information- Medicare Claim Number: _____</p> <p>Date of Birth: _____ Social Security Number: _____ Gender: M <input type="checkbox"/> or F <input type="checkbox"/></p>															
<p>4. Incident Information</p> <p>*Date of Incident: _____ **Time of Incident: _____ (AM/PM) **Location: _____</p> <p>Weather Conditions: _____ Bus Number: _____ Route: _____</p> <p>**Name or ID of METRO Employee who allegedly caused injury or loss: _____</p>															
<p>5. Witnesses involved:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">Name</th> <th style="width: 40%; text-align: left;">Address</th> <th style="width: 30%; text-align: left;">Telephone:</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name	Address	Telephone:	1) _____	_____	_____	2) _____	_____	_____	3) _____	_____	_____		
Name	Address	Telephone:													
1) _____	_____	_____													
2) _____	_____	_____													
3) _____	_____	_____													
<p>6. *Amount Claimed- Property damage or loss and method of computation. Attach supporting documentation (see instructions)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Total Amount Claimed:</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>IF amount claimed over \$10,000, check the following:</p> <p>Limited (up to \$25,000) <input type="checkbox"/> Unlimited (over \$25,000) <input type="checkbox"/></p>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	Total Amount Claimed:	\$ _____	<p style="text-align: center;">METRO USE ONLY:</p> <p>Claim # _____</p> <p>Date Received (date stamp): _____</p>
_____	\$ _____														
_____	\$ _____														
_____	\$ _____														
_____	\$ _____														
_____	\$ _____														
_____	\$ _____														
Total Amount Claimed:	\$ _____														

A COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION MUST BE FILED WITH THE
SANTA CRUZ METROPOLITAN TRANSIT DISTRICT, RISK DEPARTMENT, 110 VERNON STREET, SANTA CRUZ, CA 95060

INSTRUCTIONS FOR FILING A CLAIM

Failure to complete the required sections of the Claim Form will delay the processing of your claim and may result in the return or denial of your claim.

- 1. Claimant's Name, Address and Telephone-** State the full name, mailing address, and telephone numbers of the person claiming personal injury, damage or loss.
- 2. Official Notices and Correspondence-** Provide the name, mailing address, and telephone numbers of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.
- 3. Medicare Reporting-** If you are a Medicare recipient, provide your date of birth, social security number, Medicare claim number (if any). The Federal Government requires METRO to report settlements for present or future medical care. This information will be kept confidential and only shared with the Federal Government. METRO is unable to process payment without this information (Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007).
- 4. Incident information-** Provide the following information:
 - **Date of Incident-** State the exact month, day, and year of the incident giving rise to the claim
 - **Time of Incident-** State the exact time, including A.M. or P.M., of the incident giving rise to the claim.
 - **Location of Incident of Accident-** Include the city and exact street address or intersection where the incident occurred.
 - **Name, Badge Number** of the METRO employee(s) who allegedly caused the injury or property damage, the bus number and route number (if known).
- 5. Witness information:** State the names, addresses, and telephone numbers of any persons who witnessed the incident. Attach list of additional names if necessary.
- 6. Amount Claimed-** State the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future, anticipated expenses or losses. Please attach copies of all bills, receipts and repair estimates. If the claim involves property damage, please provide two repair estimates. The Government Code provides that if the claim is for less than \$10,000, the claimant must state the total amount claimed and the basis of this computation. If the claim exceeds \$10,000, no dollar amount need be provided, but the claimant must indicate the applicable court jurisdiction. Limited civil jurisdiction cases are those involving damages under \$25,000; unlimited civil jurisdiction cases are those involving damages of \$25,000 or more.
- 7. Basis of Claim-** State in detail all facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities and property involved, and why you believe METRO is responsible for the alleged injury, property damage or loss. In the appropriate section, provide the
- 8. Description of Injury, Property Damage or Loss-** Provide in full detail a description of the injury, property damage or loss that allegedly resulted from the incident. If claimant's vehicle was involved, provide the make, model, mileage, and year. You may attach additional material.
- 9. Signature of Claimant or Representative-** Please sign and date. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant. Claims for death or injury to persons or damage to personal property must be filed within six months after the incident giving rise to the claim. All other claims must be filed within one year. Personal service of claims can be accomplished during regular business hours, Monday through Friday (excluding holidays).

QUESTIONS? PLEASE CONTACT METRO'S CLAIMS REPRESENTATIVE AT (831) 420-2564