

13. If the total amount claimed is less than \$10,000, enter the amount claimed here \$ _____

Is the amount claimed more than \$25,000? Yes No

14. How were the Claimant's damages determined? (please include copies of all receipts and/or bills)

15. If the Claimant was the owner of a vehicle involved in this incident, attach copies of the following:

- (a) Two (2) detailed estimates for auto repair
- (b) Current registration and/or proof of ownership
- (c) Proof of Insurance

16. List the name(s) of the Employee(s) involved in this damage or injury, if known:

17. List the name, address and telephone number of all witnesses to this incident:

18. Please provide any additional information you believe might be helpful to RTD in considering this claim:

19. All notices and communication with regard to this claim will be directed to the Claimant listed in lines 1 and 2 on the other side of this form, unless you complete the following to identify to whom further communications should be directed:

Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____ Phone: _____

20. Declaration Under Penalty of Perjury. I have read the matters and statements made herein regarding this claim; and I know the same to be true of my own knowledge, except as to those matters stated, upon information and belief and as to such matters I believe the same to be true:

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

Executed this _____ day of _____, _____ at _____, _____
Month Year City State

Claimant's Signature

Relationship, if not Claimant

Claimant's Printed Name

WARNING: PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRAUDULENT CLAIM IS A CRIME PUNISHABLE UNDER CALIFORNIA PENAL CODE, SECTION 72

**** All Claims Are Considered Public Record****