

FCRTA

CLAIM FOR DAMAGES Fresno County Rural Transit Agency

FCRTA

**THIS CLAIM MUST BE SUBMITTED BY MAIL OR PERSONAL DELIVERY
Presentation of a false claim is a felony (CA Penal Code Section 72)**

NOTE: Claims for bodily injury or death, damage to personal property or damage to growing crops must be filed not later than six (6) months after the occurrence out of which the claim/claims arose. All other claims must be filed not later than one (1) year after the occurrence out of which the claim/claims arose. (CA Government Code Section 911.2).

DIRECTIONS: File the original and one (1) copy of this form with The Fresno County Rural Transit Agency, General Manager to the Board of Directors, 2100 Tulare Street, Suite 619, Fresno, CA 93721.

| | | | | |
|---|---|---------------------|------------------------|--|
| Name of Claimant (Injured or damaged party) | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Last, First, Middle | | |
| | | Date of Birth | Social Security Number | CA Driver License |
| Home Address and Telephone Number | Number/Street,/City/State/Zip Code Telephone Number | | | |
| Business Address and Telephone Number | Number/Street,/City/State/Zip Code Telephone Number | | | |
| Where would you like notices sent? | <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Attorney | | | |
| When did the injury or damage occur? | Month/Day/Year | Day of Week | Time of Day | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Where did the injury or damage occur? | Street address, intersection or other location. | | | |
| How did the injury or damage occur? | | | | |

PLEASE CONTINUE AND COMPLETE SECOND PAGE OF THIS CLAIM FORM

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|---|---|----------------|
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| Names and telephone numbers of witnesses | | |
| Names FCRTA Employees involved | | |
| Law Enforcement Agency and Report Number | | |
| What action or inaction of the FCRTA or its employee(s) caused your injury or damages? | | |
| What injuries or damages did you suffer? | | |
| Total amount claimed | \$ | |
| DIRECTIONS: Sign and date this Claim for Damages below. NOTE: If the signer is <u>not</u> the claimant, please indicate relationship of signer to the claimant (e.g., parent, attorney, etc.) and include full address. | | |
| Signature | Month/Day/Year | |
| Print Name | Number/Street/City/State/Zip Code | |
| Relationship to Claimant | Telephone Number | |
| DIRECTIONS: Attach to this completed and signed form any bills for medical treatment and expenses, and any estimates or bills for repair/replacement of damaged personal property. | | |