



CLAIM FOR DAMAGES

Transbay Joint Powers Authority

**THIS CLAIM MUST BE SUBMITTED BY MAIL OR PERSONAL DELIVERY. DO NOT E-MAIL.
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)

This form must be filed directly with the Transbay Joint Powers Authority at 425 Mission Street, Suite 250, San Francisco, CA, 94105. For any additional guidance, please call 415-597-4620.

Name of Claimant (Injured or damaged party)			
	Last		
	First	Middle	
	Date of Birth	Driver's License or ID Number	

Home Address and Telephone Number			
	Number and Street Address		
	City	State	Zip Code
	Telephone Number () - 		

Business or Attorney Address and Telephone Number			
	Number and Street Address		
	City	State	Zip Code
	Telephone Number () - 		

Where would you like notices sent?	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Attorney		
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When did the injury or damage occur?			
	Month/Day/Year	Day of Week	Time of Day

Where did the Injury or damage occur?			
	Street address, Intersection, or other location		

How did the injury or damage occur?	

Names and telephone numbers of witnesses		() -
		() -
		() -

Name of TJPA Employee Involved	

Police Agency and Police Report Number	
	Name of Police Agency Report Number

What action or inaction of the TJPA or its employee(s) caused your injury or damages?	

What injuries or damage did you suffer?	

Include the estimated amount of any prospective injury, damage, or loss as far as it may be known at the time the claim is presented. State the amount of the claim if it is less than \$10,000 _____.

Include copies of all bills, invoices, and estimates.

Check here if claim is between \$10,000 - \$25,000

Check here if claim is greater than \$25,000

DIRECTION: SIGN AND DATE THIS Claim for Damages below.

Signature:	Date (month/day/year)	
(Type or Print name)		
Number and Street Address		
City	State	Zip Code
Relationship to Claimant:	Telephone Number: () -	

Attach this completed and signed form with any bills for medical treatment and expenses and any estimates or bills for repair/replacement of damaged personal property.