



# CLAIM FOR DAMAGES FORM

For injury or damages to persons or personal property  
Please type or print in ink

**Please return this signed form in person, by email, or by mail, to the BFT Safety Department.**

Address	Business Hours	Email
1000 Columbia Park Trail Richland, WA 99352	Monday through Friday 8:00 a.m. – 5:00 p.m.	safety@bft.org

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

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

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):

### Damages Claimed

I/we do hereby claim damages from Ben Franklin Transit 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

\_\_\_\_\_  
Address City and 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 (WSTIP) members arising out of tortious conduct shall be presented to and filed with the appropriate transit agency.