



<b>For Office Use Only:</b> File #: _____ Date: _____
---

# TriMet Claim Report

For injury or damages to persons or personal property

An individual who intends to assert a claim against TriMet must do so within 180 days from the date of the alleged loss, damages or injury of the incident. Be sure your claim directly involves TriMet, not another public entity.

This Claim Report must be completed only by the individual claimant or the claimant's authorized representative, not the insurer for a claimant or any other party. Insurers who seek reimbursement should contact TriMet's Claims Department directly, 503-962-7688 and are not authorized to use this form.

Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claim forms may be mailed, emailed or faxed to: TriMet, Dept RM, 4012 SE 17th Avenue, Portland, OR 97202, Fax 503-962-7555, email: liabilityclaims@trimet.org.

**1. Your full name** \_\_\_\_\_ **Birth date** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ Occupation \_\_\_\_\_

Marital status: Single ( ) Married ( ) Divorced or Widowed ( )

If married, name of spouse \_\_\_\_\_

**2. Do you own a vehicle? Yes**\_\_\_\_ **No**\_\_\_\_

At the time of the incident, were you Owner\_\_\_\_ Driver\_\_\_\_ Passenger\_\_\_\_ NA\_\_\_\_

Name and address of owner if different from driver \_\_\_\_\_

License plate # \_\_\_\_\_ Driver's license # \_\_\_\_\_ State \_\_\_\_\_

Make, model, color and year of vehicle \_\_\_\_\_

Company that insures the vehicle \_\_\_\_\_

Insurance company phone number \_\_\_\_\_

Policy # \_\_\_\_\_ Type of coverage \_\_\_\_\_

Have you reported this event to your Insurance company? Yes\_\_\_\_ No\_\_\_\_



**3. Occurrence or Event from Which the Claim Arises**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Place of accident (specific bus/rail stop, street name) \_\_\_\_\_

Bus/train # \_\_\_\_\_

Route # \_\_\_\_\_ Direction of travel \_\_\_\_\_ TriMet Incident # (if known) \_\_\_\_\_

What time did you board? \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Boarding stop location \_\_\_\_\_

Where were you going? \_\_\_\_\_

Where were you seated on the bus or train? \_\_\_\_\_

Description of yourself to locate you on the cameras \_\_\_\_\_

Description of the operator (i.e. male, female, badge #, etc.) \_\_\_\_\_

Specify the details of the particular event/occurrence, act or omission you claim caused the injury or damage (use additional paper if necessary) \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Were you on the job at the time of the accident? Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Give a description of the injury, property damage or loss. If there were no injuries, state "no injuries"** \_\_\_\_\_

**5. We are required to report all claims for injuries to The Centers for Medicare/Medicaid Services (CMS). Are you a Medicare/Medicaid Beneficiary?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide your Medicare or Medicaid claim number \_\_\_\_\_

**6. Name and address of the owner of any damaged property** \_\_\_\_\_



**7. Names, addresses and phone numbers of all witnesses**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**8. Any additional information that might be helpful in investigating your claim**

\_\_\_\_\_

\_\_\_\_\_

**9. If you have incurred damages, please enclose an estimate of repair costs, photos and/or medical bills for consideration at this time.**

**10. Do you intend to assert a legal claim for damages against TriMet or any employee or officer of TriMet due to the incident or accident described in this report?**

Yes \_\_\_\_ No \_\_\_\_

**WARNING**  
**IT IS CRIMINAL OFFENSE TO SUBMIT A FALSE CLAIM OR**  
**MAKE A FALSE STATEMENT IN THIS CLAIM REPORT**  
 ORS 162.065 to 162.085; ORS 180.750 to 180.785

**DECLARATION:**

I hereby declare that the above statements are true and correct to the best of my knowledge and believe, and I understand that they may be used as evidence in court and are subject to penalty for perjury. I acknowledge that the statements made in this Claim Report are made to public servants and are made in connection with a request or demand for a benefit from TriMet.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock

\_\_\_\_\_  
Claimant's Signature