



DATE / TIME STAMP
Official use only.

LIABILITY CLAIM REPORT
FOR ALL PERSONS OR PROPERTY

CLAIM NUMBER: _____
(Provided by MV Transportation)

1. Pursuant to the Public Records Act, a submitted claim is subject to public disclosure and may be released to the media.
2. Claims for death, injury to person or to personal property, must be filed not later than six months after the occurrence (Government Code Section 911.2)
3. Claims for damages to real property must be filed not later than one year after the occurrence (Government Code Section 911.2)
4. Read the entire claim form before filing. Attach separate sheets, if necessary, to give full details. Please **PRINT OR TYPE** your information.
5. Questions? Call the Antelope Valley Transit Authority at (661) 945-9445.
6. Return all completed claim forms to: **Martin Tompkins, Executive Director/CEO, Antelope Valley Transit Authority, 42210 6th Street West, Lancaster, CA 93534**

CLAIMANT INFORMATION

Name of claimant: _____ Age: _____

Home address of claimant (street, city, state): _____

Home phone: _____ Business phone: _____

Business address of claimant (street, city, state): _____

Address to which you desire notices or communications be sent regarding this claim (check one):

_____ Home _____ Business _____ Other

If other, please print address (street, city, state): _____

CLAIM INFORMATION

Date of incident: _____ Time: _____ a.m. / p.m. (circle one)

Place of incident (please be specific): _____

Describe how the damage or injury occurred (please be specific): _____

Were police at the scene? _____ Yes _____ No

If claim amount totals Ten Thousand Dollars (\$10,000) or less, enter claim amount:

\$ _____

(Include estimated amount of any prospective injury or damage)

If claim amount exceeds Ten Thousand Dollars (\$10,000), would the claim be a limited civil case? (i.e., claim amount totals Twenty-Five Thousand Dollars (\$25,000) or less):

_____ Yes _____ No

How was the claim amount computed? (please be specific – list medical bills, wage rate, repair estimates, etc.): _____

Expenditures made because of incident or injury (date and item): _____

Name, address, and phone of witnesses, doctors, hospitals: _____

For Accident Claims Only

Please diagram, to the best of your ability, the accident.

- If an AVTA vehicle was involved, designate the location of that vehicle when you first saw it with the letter "A" in your diagram. Use "A-1" to designate the location of the AVTA vehicle when the accident occurred.
- Similarly, use the letter "B" to designate the location of you and/or your vehicle when you first saw the AVTA vehicle and use "B-1" to designate where you and/or your vehicle were at the point of impact.
- Use the letter "X" to designate the point of impact.
- Please prepare your diagram with north to the top of the page, south to the bottom of the page, west to the left of the page and east to the right of the page. Please include street names.

CERTIFICATION OF CLAIMANT

I have read the foregoing claim and know and understand the contents thereof. I certify that the same is true of my own knowledge except as to those matters which are otherwise stated based on my information and belief. As to those matters, I believe them to be true and accurate. I certify under penalty of perjury that the foregoing is true and correct.

Signed: _____ Dated: _____

Print name: _____

NOTE: Presentation of a false claim is a crime (California Penal Code 72)