| FILE WITH:<br><br>PARATRANSIT, INC. | CLAIM AGAINST:<br>  <br>PARATRANSIT, INC. | (Reserved for Member Date Stamp) |
|---|---|---|
| . | | |

**Instructions:** Please read each section carefully. If additional space is required, please attach sheets, identifying the section(s) being answered. Answer each section as thoroughly as possible.

**Pursuant to the Government Code of the State of California, a claim must be presented timely which includes the information prescribed by Government Code Sections 910 and 910.2**

1. **Name and mailing address of the Claimant(s):**
   Name of Claimant(s): Telephone:

   Claimant(s): Home Address: Alternate Numbers:

2. **Address to which the person presenting the claim desires notices to be sent:**
   Name of Addressee: Telephone:
   Mailing Address:

3. **The date, place and other circumstances of the occurrence or transaction giving rise to the claim asserted:**
   Date of Occurrence: Time of Occurrence:
   Exact Location:
   Describe in full detail how the injury or damaged occurred:_____

4. **What action or inaction of Paratransit, Inc. or employees(s) allegedly caused your injury or damage?**_____
   _____
5. **The name(s) of the officials or employee(s) causing the injury, damage or loss, if known:**_____
6. **Description of the claimed injury, damage or loss incurred so far as it may be known at the time of the presentation of this claim:**_____
   _____
7. **If amount claimed totals less than $10,000: State the estimated amount of any prospective injury, damage, or loss, insofar as it may be known as of the date of the presentation of this claim, together with the basis for computation of the amount claimed:**
   **a. Amount claimed:** **b. Basis for computation:**

**If amount of claimed exceeds $10,000:** No dollar amount shall be included in this claim. However, indicate below whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, not including attorney's fees, interest and court costs does not exceed $25,000. An unlimited civil case is one in which the recovery sought is more than $25,000. (See Code of Civil Procedure § 86.)

☐ **Limited Civil Case ($10,000 - $25,000)** ☐ **Unlimited Civil Case (More than $25,000)**

**You are required by law to provide the information requested above and your signature on Page 3, Section 15, in order to comply with Government Code § 910 and § 910.2. Additionally, in order to conduct a timely investigation Paratransit, Inc. requests that you provide the following information:**

8. **Claimant(s) Social Security Number(s):** _____
9. **Claimant(s) Date of Birth:** _____
10. **Claimant's Driver License Number and State**_____
11. **Are you Medicare Beneficiary?** ☐ Yes ☐ NO
12. **Medicare HICN number**_____
13. **Name, address and telephone number of any witnesses to the event of occurrence giving rise to this claim:** _____

_____

14. **If the claim involves a motor vehicle incident, please provide the following information:**

| | |
|---|---|
| Claimant(s) Insurance Company: | Telephone: |
| Insurance Policy No: | |
| Insurance Agent: | Telephone: |
| Claimant's Vehicle Year/Make/Model: | License Plate No: |

☐ **Please check here if there was no insurance coverage in effect at the time of the incident.**
*(Please attach any repair bills, estimates, and photographs of your vehicle damage)*

15. **If this claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors, hospitals or other medical providers (e.g. chiropractors, physical therapists, acupuncturists, etc.) providing treatment. (Government Code Section § 985.**

_____

_____

_____

16. **Additionally, please provide the name, address and telephone number of any insurance company (or other similar entity), which has or is expected to make payments to you or any medical provider on your behalf as a result of your claimed injuries (e.g. Medi-Cal, unemployment insurance, disability insurance, etc.). (Government Section§985(c)).**_____

_____

_____

_____

**17. Declaration and Signature of Claimant(s): I/We the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our knowledge and belief, save and except as to those matters stated on information and belief, and as to them, I/we believe to be true.**

Signature: _____ Relationship: _____ Date: _____
(self, attorney, guardian, etc.)

Signature: _____ Relationship: _____ Date: _____
(self, attorney, guardian, etc.)

## WARNING:

**It is unlawful to knowingly present or cause to be presented any false or fraudulent claim for payment of a loss or injury. (P.C. 550(a)). Every person who violates this paragraph is guilty of a felony punishable by imprisonment in state prison for two, three, or five years and by a fine not exceeding fifty thousand dollars ($50,000). (P.C. 550(c)(1)).**

**Pursuant to Code of Civil Procedure § 1038, the Company may seek to recover all costs of defense in the event an action is filed that is later determined not to have been brought in good faith and with reasonable cause.**

### ADDITIONAL INSTRUCTIONS:

**The claim may be mailed to Paratransit, Inc., Attn: Kathy Sachen, 2501 Florin Road, CA 95822. Alternatively, the claim can be presented by personal delivery to Kathy Sachen, 2501 Florin Road, Sacramento, CA 95822**

**Instructions:** Please attach and/or provide any additional information that may be helpful in considering your claim including proof of damages such as invoices, receipts, and estimates. Attach additional pages as necessary to describe the claim and attach copies of supporting documentation for the amount(s) claimed. Please fill out claim form completely. Missing information may result in a denial or a delay in the processing of your claim. Please print legibly or type. Claims are public record.