

# NOTICE OF CLAIM

## BACKGROUND INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Accident Date \_\_\_\_\_ Incident Location \_\_\_\_\_  
Time \_\_\_\_\_ A.M. P.M. Location Lighting: Light Dark  
Weather Conditions Dry Wet Warm Cold Fog Ice  
(Please check all that apply.)

## CLAIM TYPE

**Auto - Vehicle:** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ Damage Location \_\_\_\_\_  
Passengers: Yes No Injuries: Yes No Witnesses: Yes No Police Report # \_\_\_\_\_

**Bus - Passenger:** Bus # \_\_\_\_\_ Route # and Name \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M.  
Boarded Location Name \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M.  
Exit Location Name \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M. Police Report # \_\_\_\_\_

**Train - Passenger:** Train # \_\_\_\_\_ Rail Line Color \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M.  
Boarded Location Name \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M.  
Exit Location Name \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M. Police Report # \_\_\_\_\_

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Incident including witness contact information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CLAIMANT'S DECLARATION

I hereby declare that the facts stated in this notice are true and correct.

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

### Mailing Address:

METRO / Claims Division  
P.O. Box 61429  
Houston, TX 77208-1429

### Delivery Address:

METRO RideStore  
1900 Main Street  
Houston, TX 77002