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AGENCY CLAIM FORM

This form is for claims for money or damages against the Metropolitan Transit System (MTS), Metropolitan Transit Development Board (MTDB), its subsidiaries, including San Diego Transit Corporation (SDTC) and San Diego Trolley, Inc. (SDTI).

*** Agency Against Which This Claim Is Brought** *(Check only those that apply.)*

Metropolitan Transit System (MTS / MTDB)–☒ San Diego Transit Corporation (SDTC)–☒ San Diego Trolley, Inc. (SDTI)–☒

INSTRUCTIONS

1. Read the entire form carefully. (Note required fields)
2. Fill out the form completely. Attach additional information, if necessary.
3. Sign the claim form.
4. Deliver or mail claim to: Claims Administrator, Metropolitan Transit System, 1255 Imperial Avenue, #1000, San Diego, CA 92101-7490

** Required Fields*

WHO

*** Name Of Claimant:**	Linda K. Li
*** Address:**	[redacted]
*** City:**	
Home Telephone:	
E-mail Address:	
Social Security No.:	Birth Date: MTS Passenger–☒

WHAT

Complete description of injury, property damage, or loss, so far as known at the time of this claim. If there were no injuries, state "*no injuries.*" *(If your claim involves a motor vehicle, include the license number, year, make and model. If your claim involves a trolley or bus, please include the vehicle number.)*

*** Description Of Injury / Damage / Loss:**

Dislocated wrists, Severe abrasion, bruising, pain residual scarring, PTSD. Severe Psychological Trauma + physical pain. No longer feeling safe riding SDMTS.

(Check only those that apply.) Vehicle Damage–☐ Property Loss/Damage–☐ Personal Injury–☒ Other–☐

WHEN

Occurrence or event from which the claim arises

*** Date:** 10/26/12 Time: 7:00 - 7:30 pm approximate

WHERE

Place where damage or injury occurred *(exact and specific location)*

*** Location/Area:**	El Cajon Trolley Station				
Address:					
City:	El cajon	State:	CA.	ZIP Code:	
Vehicle Number:		Vehicle Type:	Trolley	Direction:	East
Specific Location:	Platform–☒ Parking Lot–☐ Bus Stop–☐ Station–☐				
Route / Station:	Orange line	Street/Highway–☐ Inside Transit Vehicle–☒ Other–☐			

HOW

Describe in detail how the damage or injury occurred *(use additional paper if necessary)*

Circumstances Giving Rise To Claim Asserted:

I am Disabled and require my legs to be elevated when riding in seats provided by the SD MTS system. I have severe Chondromalacia (arthritis underneath the knee caps) also my knees along with all my other joints dislocate easily due to Ehlers-Danlos Syndrome. A plain clothes MTS Security

see back

EMPLOYEE

* Name And Department Of The Employee(s) Causing The Damage Or Injury *(if known)*:		
C Miner.	ID or Badge #:	04050
T. Szotek	ID or Badge #:	4700

OTHERS

Name, Address, And Telephone Number Of Any Other Person(s) Injured:

OWNER

Name And Address Of The Owner Of Any Damaged Property:

DAMAGES

Damage Claimed *(amount known as of date claim filed)*		Notes / Basis:	*(Please check)*
Amount claimed as of this date:	$ 5000	ADA Violation	Claim < $10,000- ☐
Estimated amount of future costs:	$ 83,200	Psycho/Physical Therapy	Claim $10,000-$25,000- ☐
* Total Amount Claimed:	$ 88,200	for 2yrs.	Claim > $25,000- ☒
* Estimate dollar amount if less than or equal to $10,000:	$		

BASIS

Basis For Computation Of Amounts Claimed *(attach copies of all bills, invoices, estimates, etc.)*:
Psychotherapy 2x a week for 2yrs. = $600 x 104 = 62,400
Physical therapy 2x week for 2yrs = $200 x 104 = $20,800

WITNESSES

Name, Address And Phone # Of All Witness(es), Hospitals, Doctors, Etc.:	Medical Attention Received- ☒
Eddie Jackson - [redacted] Witness.	
Dr. Lajvardi	
Colleen Fetgatter PA. - [redacted]	

ADDITIONAL

Any Additional Information That Might Be Helpful In Considering This Claim:
I am asking for damage for my ADA Rights being Violated Psychotherapy to overcome the Trauma inflicted upon me Physical therapy to help with joint damage. Pain + Suffering.

NOTICES

Name, Telephone, And Address To Which Claimant Desires Notices To Be Sent. *(if other than above)*				Attorney- ☐
* Notice Contact:			Association:	
* Address:				
* City:		* State:	* ZIP Code:	
Telephone:		Fax No.:		
E-mail Address:		Other:		

Warning: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code Section 72)
I have read the matters and statements made in the above claim, and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true.
I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

		* Claimant's Signature:	Linda Li
Date:	1/9/2013	Print Name:	Linda Li