

CLAIM AND RELEASE FORM

Shongo v. CSX Transportation, Inc., Case No. 1:22-cv-02684-MJM

Shongo v CSX Transportation, Inc.
c/o Settlement Administrator
PO Box 23309
Jacksonville, FL 32241

In Re: Shongo v CSX Transportation, Inc.
Case No. 1:22-cv-02684-MJM

Your Notice ID: N/A
PIN: N/A

Downloaded Form»

Complete and submit your claim online at:
www.curtisbaysettlement.com, or complete
and mail this form postmarked no later than
July 18, 2024.

INSTRUCTIONS

If you have owned residential real property on or since December 30, 2021, **OR** on December 30, 2021 had your primary residence in the Curtis Bay Class Area defined on the Class Notice, you may be eligible for a settlement payment in this lawsuit against CSX Transportation, Inc., if the final settlement is approved by the Court. **YOU MUST COMPLETE THIS CLAIM AND RELEASE FORM IN ORDER TO RECEIVE A SETTLEMENT PAYMENT.** The exact amount of any final payment to Class Members will depend on the Court’s award of attorneys’ fees and expenses, costs of administration, class representative incentive awards, and how many valid claims are submitted. The amount any individual class member receives will be calculated by the Settlement Administrator and will be based on the number of valid claims received and distributed *pro rata* for each property.

This Claim and Release Form, the enclosed W-9 and any additional required documentation must be postmarked or submitted no later than July 18, 2024.

Please go to www.curtisbaysettlement.com for more details on documentation that can support your claim and other information. If you still have questions, you can call 1-800-351-1572.

CONTACT INFORMATION / CURRENT MAILING ADDRESS

First Name										Middle Name										Last Name									
Mailing Address															Apt. No.														
City										State					ZIP Code														
Daytime Phone					Email Address																								
Social Security Number										Tax ID Number																			

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1.

Please go to www.curtisbaysettlement.com for more details on documentation that can support your claim and other information. If you still have questions, you can call 1-800-351-1572.

Do Not Write Below This Line – Administrator Use Only

Case ID

Docket

Received

Postmarked

747

PROPERTY INFORMATION

If you have owned an eligible residential real property on or since December 30, 2021, **or** on December 30, 2021, had your primary residence at an eligible property, please provide the following information, complete the enclosed W-9 Form, and supply the required documentation. If you own or owned more than one residence in the Curtis Bay Class Area on or since December 30, 2021, please print additional Claims and Release Forms available at www.curtisbaysettlement.com or contact 1-800-351-1572 to request additional Claim and Release Forms.

You must submit a separate Claim and Release Form for each piece of real property.

Property Address																													
City										State										ZIP Code									

For Claims Based On Residency On December 30, 2021:

1. When did you begin having your primary residency at the property: ____ / ____ (Month, Year)
2. When did you end your primary residency of the property: ____ / ____ (Month, Year)
3. On December 30, 2021, did you reside at the property with anyone else (for example, a spouse or family member)?
 Yes No
4. If your answer to Question 3 is "Yes," **list people currently over the age of eighteen who lived at the property, in the same residence, with you.** If additional space is needed, please provide a separate attachment.
 - a. Co-Resident #1: _____
 - b. Co-Resident #2: _____
 - c. Co-Resident #3: _____

Note: Each adult co-resident must complete and sign his or her own Claim and Release Form to receive his or her own compensation.

5. If minor children (currently under the age of 18) resided with you at the property on December 30, 2021, please list all minor children who did so. If additional space is needed, please provide a separate attachment.

Minor children do not need to submit a separate claim form.

- a. Minor child #1: _____ DOB: _____
- b. Minor child #2: _____ DOB: _____
- c. Minor child #3: _____ DOB: _____

For Claims Based On Ownership On Or Since December 30, 2021:

1. When did you begin owning the property: ____ / ____ (Month, Year)
2. When did you end owning the property: ____ / ____ (Month, Year)

PROOF OF OWNERSHIP OR RESIDENCY

Please attach a copy of one of the following types of documents to establish proof of your ownership or residency:

- Property Deed demonstrating ownership of a covered property.
- Lease Agreement listing your name and the address of the property, covering dates within the relevant period.
- Letter from a government body (e.g., Maryland Department of Human Services) listing your name and the address of the property, dated within the relevant period.
- Bank statement or utility bill listing your name and the address of the property, dated within the relevant period.
- Copy of a city, state, or federal identification card showing the name and address, such as a drivers license or non-drivers license ID.

Please note that proof of residency and/or ownership will be subject to verification.

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SIGN AND DATE THE CLAIM AND RELEASE FORM

You must sign the Claim and Release Form under penalty of perjury. Therefore, make sure it is truthful.

Certification: I hereby certify under penalty of perjury that the above and foregoing is true and correct. If I am also submitting a claim on behalf of a minor under the age of 18, I further certify under the penalty of perjury that I have the legal authority to do so.

Release of Claims: In exchange for and upon receipt of the settlement payment for which I am submitting this Claim and Release Form, I hereby RELEASE and am forever barred from bringing against the Released Entities, as defined in the following paragraph any and all actions, causes of actions, claims, demands that have been asserted in the Complaint or could have been asserted in any form by Class Members against any or all of the Released Persons, including but not limited to, claims based on statutory or regulatory violations, tort (excluding personal injury and wrongful death), contract, common law causes of action, and any claims for damages or other relief (including any compensatory damages, special damages, consequential damages, medical monitoring, punitive damages, statutory fines or penalties, attorneys' fees, costs and any equitable relief), direct or indirect, whether or not currently unknown, arising out of, based upon or causally related to the explosion on December 30, 2021 as alleged in the Complaint. If I am also submitting a claim on behalf of a minor child, I am also releasing the above-listed claims on the child's behalf.

For purposes of this complete Release, the "Released Entities" means the Defendant CSX Transportation, Inc., and each of its past, present and future directors, officers (whether acting in such capacity or individually), shareholders, advisors, owners, partners, joint venturers, principals, trustees, creditors, law firms, attorneys, representatives, employees, managers, parents, direct or indirect subsidiaries, divisions, subdivisions, departments, entities in common control, affiliates, insurers, reinsurers, control persons, predecessors, and successors or any agent acting or purporting to act for them or on their behalf.

Signature

Date (MM/DD/YYYY)

SUBMIT YOUR CLAIM AND RELEASE FORM

Mail this completed Claim and Release Form, the completed W-9 Form, and required documentation, postmarked on or before July 18, 2024, to:

Shongo v. CSX Transportation, Inc.
c/o Settlement Administrator
PO Box 23309
Jacksonville, FL 32241

You may also complete this Claim and Release Form online at: www.curtisbaysettlement.com

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									

or

Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.