

CLAIM AGAINST DEPARTMENT OF TRANSPORTATION FOR AMOUNTS \$5,000 OR LESS

LD-0274 (REV. 7/2010)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

This form is to be used when filing a claim against the Department of Transportation as provided in Government Code Section 935.7

PLEASE: Print or use a typewriter when filling out form.

Sign and date claim form.

(UNSIGNED AND UNDATED FORMS WILL NOT BE ACCEPTED)

WARNING: GOVERNMENT CODE § 911.2 PROVIDES SIX MONTHS FROM THE DATE OF INCIDENT TO FILE A CLAIM FOR PERSONAL INJURY OR PROPERTY DAMAGE.

			STATE USE ONLY
1. NAME: LAST	FIRST	MIDDLE	FILE NUMBER
HOME ADDRESS		BUSINESS PHONE	HOME PHONE
CITY		STATE	ZIP CODE
2. PUT A SPECIFIC TIME AND DATE WHEN THE DAMAGE FIRST OCCURED	TIME OF INCIDENT	<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INCIDENT

3. STATE THE LOCATION OF THE INCIDENT WITHIN ONE-HALF MILE (CITY, COUNTY, HIGHWAY, NEAREST OFF-RAMP, CROSS STREET, OR POSTMILE).

4. EXPLAIN HOW THE INJURY OR DAMAGE OCCURRED

5. WHAT DO YOU CLAIM CALTRANS OR ITS CONTRACTOR DID TO CAUSE YOUR INJURY OR DAMAGE?

6. WHAT INJURY OR DAMAGE ARE YOU CLAIMING HAPPENED?

7. WHAT IS THE DOLLAR AMOUNT OF YOUR CLAIM FOR DAMAGES? (SUBMIT TWO ESTIMATES OR PAID RECEIPTS) \$

8. INSURANCE INFORMATION IS REQUIRED	NAME OF INSURER
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HAVE YOU SUBMITTED A CLAIM TO YOUR INSURANCE CARRIER? YES NO

IF YES, WERE YOU PAID? YES NO FOR WHAT AMOUNT? \$

9. ARE YOU THE REGISTERED OWNER? YES NO

MAKE OF VEHICLE	MODEL	COLOR	YEAR	VEHICLE LICENSE NO.
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

10. SIGNATURE OF CLAIMANT	DATE
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FOR STATE USE ONLY (BELOW)

DATE CLAIM RECEIVED	REVIEWED BY: DISTRICT CLAIMS OFFICER		APPROVED AMOUNT	\$	<input type="checkbox"/>
<input type="checkbox"/> STATE RESPONSIBILITY	TORT FUND/ CONTRACT CONTINGENCY	<input type="checkbox"/> CONTRACTOR RESPONSIBILITY	DENIED <input type="checkbox"/>		
LOCATION CODING					
DISTRICT	COUNTY	ROUTE	POST MILE		
COST CODING					
DEPARTMENT	FUND	UNIT	OBJECT	PROJECT NUMBER	PHASE
ITEM	CHAPTER	STATUTES	FISCAL YEAR	SCHEDULE NUMBER	
I hereby certify upon my own personal knowledge that the budgeted funds are available for the period and purpose of the expenditure stated above.			ACCOUNTING OFFICER SIGNATURE		DATE

FOR CLAIMS FIVE THOUSAND DOLLARS (\$5,000) OR LESS[Select District Address](#)

CLAIMS OFFICER
Department of Transportation

FOR CLAIMS OVER FIVE THOUSAND DOLLARS (\$5,000)

You must file with the Victim Compensation and Government Claims Board in Sacramento, California. If you have any questions about claims of more than five thousand dollars, call or write:

Victim Compensation and Government Claims Board
POST OFFICE BOX 3035
SACRAMENTO, CA 95812-3035
PHONE: 1-800-955-0045
<http://www.vcgcb.ca.gov/claims/default.aspx>

The fact that this statement of the procedure to be followed in asserting a claim against the State of California has been furnished to you or that an investigation of any claim is undertaken is not to be taken as an admission of liability in any respect on the part of its officers or employees; nor is the fact that this additional statement has been furnished to you to be construed as a waiver of any requirements imposed by law, or any defense which may be available to the State of California in connection with any claim that might be filed against it.

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

INSTRUCTIONS FOR FORM LD-0274

Please note that failure to complete all sections of the claim form may delay the processing of your claim or result in the return of your claim.

- 1. Claimant's Name and Contact Information:** State the full name, mailing address, and telephone number(s) of the person or entity claiming property damage or loss.
- 2. Date and Time When the Damage First Occurred:** State the exact month, day, year, and time of the incident giving rise to the claim.
- 3. Location of Incident:** Specify the city and/or county, highway #, direction of travel, nearest exit(s), cross-streets, and any additional information indicating where the accident occurred. Providing a map is optional, but advised. The more information you provide, the easier it is for us to assist you! You can also attach a copy of the police report of the accident to help show the location.
- 4. How Your Damage Occurred:** Provide complete details about what happened to cause your damages.
- 5. What Do You Claim Caltrans or Its Contractor Did to Cause Your Injury or Damage?** State in detail all facts in support of your claim. Include all persons or entities involved and why you believe Caltrans or its contractor is liable. If applicable, provide the name of the Caltrans employee or state vehicle license plate/ID number.
- 6. What Injury or Damage Are You Claiming Happened?** Specify the exact injury or damage for which you are claiming, including all alleged injuries, property damage, and/or loss. You can attach photographs and any additional supporting documents.
- 7. What Is the Dollar Amount of Your Claim for Damages?** State the total dollar amount for which you are claiming. The State of California requires (2) estimates and/or (1) paid receipt for all damages claimed. If you are submitting proof of payment, copies of credit card statements or copies of the front and back of cancelled checks are required. Invoices will not be accepted as actual proof of payment. All invoices must list the claimant's name and vehicle license plate number, vendor's letterhead, and an itemized list of repairs. Caltrans will not accept quotes retrieved from the internet.
- 8. Insurance Information:** State the name of your insurer and policy number. If you have been reimbursed by your insurance company, you may not be eligible for compensation.
- 9. Are You the Registered Owner?** Only the registered owner of the damaged vehicle or property may file a claim. Be sure to provide all vehicle information.
- 10. Signature of Claimant:** Please sign and date the claim form. The State of California does not accept claim forms without an original signature. Faxed or photocopied claim forms will not be accepted.

If your claim is over \$5,000.00, you must file a different form with the Victim Compensation and Government Claims Board (VCGCB) **WITHIN 6 MONTHS OF THE DATE OF INCIDENT**. A form may be obtained by contacting the VCGCB at P.O. Box 3035 Sacramento, CA 95812-3035 or calling 1-800-955-0045 or downloading the form from the web at <http://www.vcgcb.ca.gov/claims/default.aspx>.

The fact that this brief statement of the initial procedure to be followed in submitting a claim against the State of California has been furnished to you or that an investigation of any claim is undertaken is not to be taken as an admission of liability in any respect on the part of the state or any of its officers or employees, nor is the fact that this informational statement has been furnished to you to be construed as a waiver of any requirements imposed by the law or of any defense which may be available to the State of California in connection with any claim that may be filed against it.
