

CLAIM AGAINST CALIFORNIA DEPARTMENT OF TRANSPORTATION FOR AMOUNTS \$12,500 OR LESS

DOT LD-0274 (REV 08/2024)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (5 U.S.C, Section 552 et seq.) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798 et seq.) declares that the right to privacy is a personal and fundamental right protected by the California and United States Constitutions. Please be advised that this form requests personal information. The term "personal information" means any information that is maintained by an agency that identifies or describes an individual, including, but not limited to, the individual's name, social security number, physical description, home address, home telephone number, education, financial matters, and medical or employment history. It includes statements made by, or attributed to, the individual. (Civil Code, § 1798.3, subdivision (a).)

Information Collection and Access: California law requires the following information to be provided when collecting information from individuals. (See, for example, Civil Code, § 1798.17.)

Agency Name and Division Within the Agency Requesting the Information:

California Department of Transportation, Legal Division

Title of Official Responsible for Information Maintenance:

For more information, please contact the Claims Manager for the California Department of Transportation Legal Division at (916) 654-2630, or in writing at 1120 "N" Street, MS-57, Sacramento, CA 95814.

Maintenance of the Information Authorized By:

Government Code section 900 et seq.

Consequences of Not Providing All or Any Part of the Requested Information:

Provision of some of the information in the form is mandatory, while provision of other information is voluntary, as noted on the form itself. Failure to provide the information may lead to delay or prevent the processing of the form, may result in the form being rejected or returned without action, and/or may result in the claim being denied or rejected.

Principal Purpose(s) for Which the Information Will Be Used:

To facilitate processing the form, and for evaluating and investigating the claim described in the form.

Known Disclosures:

The personal information will be disclosed to personnel of the California Department of Transportation Legal Division and may be disclosed to personnel outside the Legal Division for the purposes listed in this notice. The information on this form also may be disclosed as required by California law, including, but not limited to, the California Public Records Act (CPRA), Government Code section 7920.000 et seq.

Right of Access to Records:

Individuals have the right to access information provided and may request a correction or deletion of records. Exceptions may include, but are not limited to, investigations and public transparency laws. Personal Information will only be disclosed as permitted by the Information Practices Act, Civil Code, §§ 1798–1798.83, or as otherwise required by law. To request access to, or to request correction of, information provided in this form you may contact the Official Responsible for Information Maintenance identified above.

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WARNING: Use this form only to present a claim of \$12,500 or less against the California Department of Transportation. To present a claim for more than \$12,500, a different claim process applies – see the Instructions at the end of this form. Regardless of amount, a claim relating to a cause of action for death or personal injury, or for injury to personal property or growing crops, must be presented within six (6) months from the accrual of the cause of action [typically the date of incident], and a claim relating to any other cause of action must be presented within one (1) year from the accrual of the cause of action [typically the date of incident], unless an exception applies. (Government Code, sections 911.2, 935.7)

**FILE NUMBER
(FOR STATE USE ONLY)**

* Indicates required information.

1. CLAIMANT INFORMATION

NAME (FIRST, MIDDLE, LAST)*		BUSINESS NAME (IF APPLICABLE)*	
MAILING ADDRESS*	CITY*	STATE/ PROVINCE*	ZIP/POSTAL CODE*
PHONE NUMBER	E-MAIL ADDRESS		
IS THE CLAIMANT UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS AN AMENDMENT TO AN EXISTING CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO ORIGINAL CLAIM NUMBER (IF APPLICABLE) _____		

2. ATTORNEY OR REPRESENTATIVE INFORMATION (IF APPLICABLE)

NAME (FIRST, MIDDLE, LAST)*		BUSINESS NAME (IF APPLICABLE)*	
MAILING ADDRESS*	CITY*	STATE/ PROVINCE*	ZIP/POSTAL CODE*
PHONE NUMBER	E-MAIL ADDRESS		

3. DOLLAR AMOUNT OF CLAIM* (CANNOT EXCEED \$12,500)

\$ _____ (PLEASE PROVIDE COPIES OF TWO REPAIR ESTIMATES OR ONE PAID RECEIPT TO SUPPORT THE CLAIM AMOUNT)

4. INCIDENT INFORMATION*

COUNTY	HIGHWAY NUMBER	TIME OF INCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INCIDENT (MONTH/DAY/YEAR)
YOUR DIRECTION OF TRAVEL	LANE DESCRIPTION OR NUMBER (EX. FAST LANE = LANE ONE)	NEAREST CROSS STREET/ EXIT NUMBER	

DESCRIBE THE LOCATION (EX.: "NORTH OF FIRST STREET, IN CROSSWALK BY SMITH HOTEL")

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ADA Notice

This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

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5. EXPLAIN HOW THE INCIDENT AND INJURY/DAMAGES OCCURRED***6. EXPLAIN WHY YOU BELIEVE THE CALIFORNIA DEPARTMENT OF TRANSPORTATION OR ITS EMPLOYEE IS RESPONSIBLE FOR YOUR INJURY/DAMAGES*****7. DESCRIBE YOUR INJURY OR DAMAGE*****8. INSURANCE INFORMATION**

NAME OF YOUR INSURER

INSURANCE CLAIM NUMBER

HAVE YOU SUBMITTED A CLAIM TO YOUR INSURANCE COMPANY?

 YES NO

IF YES, DID YOUR INSURANCE PAY FOR REPAIRS/COMPENSATE YOU?

 YES NO

HOW MUCH DID INSURANCE PAY? \$

9. VEHICLE/PROPERTY INFORMATIONARE YOU THE REGISTERED OWNER OF THE VEHICLE/DAMAGED PROPERTY?
(PLEASE ATTACH COPY OF REGISTRATION) YES NOWAS THIS A RENTAL VEHICLE ? YES NO

RENTAL COMPANY

VEHICLE MAKE AND MODEL

YEAR

COLOR

LICENSE PLATE AND ISSUING STATE/PROVINCE

VEHICLE IDENTIFICATION NUMBER

10. SIGNATURE AND CERTIFICATIONS*

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I HAVE PROVIDED INFORMATION THAT IS FALSE, INTENTIONALLY INCOMPLETE, OR MISLEADING I MAY BE CHARGED WITH A FELONY. (PENAL CODE SECTION 72)

IF SIGNING ELECTRONICALLY, I HEREBY MAKE THE FOLLOWING ADDITIONAL STATEMENT:

I AGREE THAT BY PROVIDING MY ELECTRONIC SIGNATURE ON THIS FORM, I AGREE TO CONDUCT THIS AND RELATED TRANSACTIONS BY ELECTRONIC MEANS AND THAT MY ELECTRONIC SIGNATURE IS THE LEGALLY BINDING EQUIVALENT TO MY HANDWRITTEN SIGNATURE. I HEREBY AGREE THAT MY ELECTRONIC SIGNATURE REPRESENTS MY EXECUTION OR AUTHENTICATION OF THIS FORM AND MY INTENT TO BE BOUND BY IT.

SIGNATURE OF CLAIMANT OR CLAIMANT'S AUTHORIZED AGENT OR REPRESENTATIVE

DATE OF SIGNATURE (MONTH/DAY/YEAR)

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INSTRUCTIONS FOR FORM DOT LD-0274

NOTE: IF YOUR CLAIM IS FOR MORE THAN \$12,500, SEE THE HEADING NAMED “IMPORTANT” WHICH CAN BE FOUND AFTER THE INSTRUCTIONS.

- 1. Completing the Form:** Please ensure all sections of the form are filled out and legible. Use “N/A” if the section does not apply to your situation. Sign and date the form. If you need additional space for any response, you may attach additional pages. If you (the claimant) are an employee of the California Department of Transportation, please note that on the claim form.
- 2. Supporting Documents:** Please attach copies of any documentation that supports your claim (ex. police report, photographs of vehicle damage, paid receipts, credit card statements, rental car contract/receipt, etc.). Please submit two (2) written estimates and/or one (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 should be provided. Invoices will not be accepted as proof of payment. All invoices must list the claimant’s name and vehicle license plate number or Vehicle Identification Number (VIN), vendor’s letterhead, and an itemized list of repairs.
- 3. Application for Leave to Present a Late Claim:** If your claim is for death or personal injury, or for injury to personal property or growing crops, and is being presented more than six (6) months after the accrual of the cause of action (typically the date of incident), please attach a separate page explaining why your claim was not presented within the six (6) month claim-filing period. See Government Code sections 911.4 and 911.6.

After completing the form, follow these instructions for sending the completed form to the California Department of Transportation (Caltrans): The completed form must be sent to the District Claims Office for the county in which your injury/damages occurred. To determine the proper District Claims Office, you can use the table below, or visit the California Department of Transportation Claim website (<https://dot.ca.gov/online-services/submit-damage-claim>) or the interactive map on the Caltrans website (<https://dot.ca.gov/caltrans-near-me>) and click on the county. If you have any questions about the location where your injury/damages occurred, you can contact any District Claims Office.

<p>District 1 – Counties of Del Norte, Humboldt, Lake, Mendocino</p> <p>Caltrans District 1 Claims Office P.O. Box 3700 Eureka, CA 95502</p> <p>Phone Number: 707-445-6594</p>	<p>District 2 – Counties of Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity</p> <p>Caltrans District 2 Claims Office 1657 Riverside Drive Redding, CA 96001</p> <p>Phone Number: 530-225-3223</p>	<p>District 3 – Counties of Butte, Colusa, El Dorado, Glenn, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba</p> <p>Caltrans District 3 Claims Office 703 B Street Marysville, CA 95901</p> <p>Phone Number: 530-741-4262</p>
<p>District 4 – Counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma</p> <p>Caltrans District 4 Claims Office P.O. Box 23660 Oakland, CA 94623-0660</p> <p>Phone Number: 510-286-5806</p>	<p>District 5 – Counties of Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz</p> <p>Caltrans District 5 Claims Office 50 Higuera Street San Luis Obispo, CA 93401</p> <p>Phone Number: 805-549-3451</p>	<p>District 6 – Counties of Fresno, Kern [western and central areas], Kings, Madera, Tulare</p> <p>Caltrans District 6 Claims Office P.O. Box 12616 Fresno, CA 93778</p> <p>Phone Number: 559-445-6996</p>
<p>District 7 – Counties of Los Angeles, Ventura</p> <p>Caltrans District 7 Claims Office 100 South Main Street, 13th floor Los Angeles, CA 90012</p> <p>Phone Number: 213-897-0816</p>	<p>District 8 – Counties of Riverside, San Bernardino</p> <p>Caltrans District 8 Claims Office 464 W. 4th Street, MS-1244 San Bernardino, CA 92401</p> <p>Phone Number: 909-383-4351</p>	<p>District 9 – Counties of Inyo, Kern [eastern area], Mono</p> <p>Caltrans District 9 Claims Office 500 S. Main Street Bishop, CA 93514</p> <p>Phone Number: 760-872-0648</p>
<p>District 10 – Counties of Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, Tuolumne</p> <p>Caltrans District 10 Claims Office P.O. Box 2048 Stockton, CA 95201</p> <p>Phone Number: 209-948-7864</p>	<p>District 11 – Counties of Imperial, San Diego</p> <p>Caltrans District 11 Claims Office 4050 Taylor Street, MS-130 San Diego, CA 92110</p> <p>Phone Number: 619-688-2531</p>	<p>District 12 – Orange County</p> <p>Caltrans District 12 Claims Office 1750 E. 4th Street, Suite 100 Santa Ana, CA 92705</p> <p>Phone Number: 657-328-6400</p>

CLAIM AGAINST CALIFORNIA DEPARTMENT OF TRANSPORTATION FOR AMOUNTS \$12,500 OR LESS

DOT LD-0274 (REV 08/2024)

CLAIMS OVER \$12,500

IMPORTANT: If your claim is for over twelve thousand five hundred dollars (\$12,500), you must use a different claim form and the claim must be presented to the Government Claims Program in the Office of Risk and Insurance Management, which is part of the Department of General Services. Regardless of the claim amount, a claim relating to a cause of action for death or personal injury, or for injury to personal property or growing crops, must be presented within six (6) months from the accrual of the cause of action [typically the date of incident], and a claim relating to any other cause of action must be presented within one (1) year from the accrual of the cause of action [typically the date of incident], unless an exception applies. (Government Code, sections 911.2, 935.7.)

A claim form may be obtained by contacting the Government Claims Program at:

Office of Risk and Insurance Management Government Claims Program P.O. Box 989052, MS-414 West Sacramento, CA 95798-9052 or Office of Risk and Insurance Management Government Claims Program 707 3rd Street, 1st Floor West Sacramento, CA 95605	Phone: 1-800-955-0045 E-mail: gcinfo@dgs.ca.gov The claim form may also be downloaded from the Government Claims Program website at:
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The fact that this brief statement of the initial procedure to be followed in presenting a claim against the State of California, or against any of the State of California's subdivisions, departments, divisions, agencies, officers, employees, agents, or directors, 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 of California, or on the part of any of the State of California's subdivisions, departments, divisions, agencies, officers, employees, agents, or directors, nor is the fact that this informational statement has been furnished to you to be construed as a waiver of any requirement imposed by law or of any defense or immunity which may be available to the State of California or to any of the State of California's subdivisions, departments, divisions, agencies, officers, employees, agents, or directors.

DISCLAIMER: This form, and/or any of the websites or links or resources identified in this form, does not, and is not intended to, constitute legal advice or any other form of advice and does not create an attorney-client relationship. Contact your attorney to obtain legal advice.