STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CLAIM AGAINST DEPARTMENT OF TRANSPORTATION FOR AMOUNTS $10,000 OR LESS

LD-0274 (REV 05/2017)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (Section 552 et seq.) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798 et seq.), notice is hereby given for the request of personal information by this form. The requested personal 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.

Use this form to file a claim of $10,000 or less against the California Department of Transportation for death or personal injury, or for injury to personal property or growing crops. (Government Code sections 911.2, 935.7)

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

PLEASE: Complete electronically or print or use a typewriter when filling out this form.
Sign and date claim form.
(UNSIGNED AND UNDATED FORMS WILL NOT BE ACCEPTED)

			STATE USE ONLY
1. NAME: LAST	FIRST	MIDDLE	FILE NUMBER
HOME ADDRESS		CONTACT PHONE NUMBER	E-MAIL ADDRESS
CITY		STATE	ZIP CODE
2. IDENTIFY THE SPECIFIC TIME AND DATE FOR THE INCIDENT CAUSING YOUR DAMAGE		TIME OF INCIDENT ☐ AM ☐ PM	DATE OF INCIDENT

3. STATE THE LOCATION OF THE INCIDENT *(COUNTY, HIGHWAY, NEAREST OFF-RAMP, CROSS STREET, OR POSTMILE).*

COUNTY	ROUTE	DIRECTION	POSTMILE	CROSS STREET

DESCRIBE THE INCIDENT LOCATION (FOR EXAMPLE: *"JUST NORTH OF 1ST STREET, IN THE NUMBER 1 LANE"*)

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? (SUBMIT TWO ESTIMATES OR ONE PAID RECEIPT) $ _____

8. **INSURANCE INFORMATION**	NAME OF INSURER	POLICY NUMBER

HAVE YOU SUBMITTED A CLAIM TO YOUR INSURANCE CARRIER? ☐ YES ☐ NO

IF YES, WERE YOU PAID? ☐ YES ☐ NO | HOW MUCH DID INSURANCE PAY? $ _____

9. ARE YOU THE REGISTERED OWNER OF THE VEHICLE/DAMAGED PROPERTY? ☐ YES ☐ NO

MAKE OF VEHICLE	MODEL	COLOR	YEAR	VEHICLE LICENSE NO.

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

REVERSE SIDE FOR STATE USE AND FILING INFORMATION ON CLAIMS. INSTRUCTIONS FOR FILLING OUT THIS FORM ARE ON PAGE 3.

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (279) 234-2284, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

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FOR STATE USE ONLY (BELOW)		
DATE CLAIM RECEIVED	REVIEWED BY: DISTRICT CLAIMS OFFICER	AMOUNT APPROVED $ _____ ☐
☐ STATE RESPONSIBILITY	☐ TORT FUND/ CONTRACT CONTINGENCY ☐ CONTRACTOR RESPONSIBILTY	DENIED ☐ DENIAL DATE _____

LOCATION CODING

DISTRICT	COUNTY	ROUTE	POSTMILE

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 TEN THOUSAND DOLLARS ($10,000) OR LESS

Select District Address

CLAIMS OFFICER
California Department of Transportation

FOR CLAIMS OVER TEN THOUSAND DOLLARS ($10,000)

You must file a claim with the Government Claims Program in West Sacramento, California. If you have any questions about claims of more than ten thousand dollars ($10,000), contact:

Government Claims Program
Office of Risk and Insurance Management
Department of General Services
P.O. Box 989052, MS 414
West Sacramento, CA 95798-9052
Phone: 1-800-955-0045
E-mail: gcinfo@dgs.ca.gov
Website: http://www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx

The fact that this brief statement of the initial procedure to be followed in submitting 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 by 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 requirements imposed by the law or of any defense 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, in connection with any claim that may be filed.**

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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, e-mail address, and contact telephone number(s) of the person or entity claiming property damage, personal injury, or other loss.
2. **Date and Time When the Injury/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 county, highway number, direction of travel, post mile, nearest exit(s), cross-streets, and any additional information indicating where the incident giving rise to the claim occurred. Providing a map is optional, but advised. The more information you provide, the easier it is for us to assist you. You should also attach a copy of the police report (if one exists) of the incident.
4. **How Your Injury/Damage Occurred**: Provide complete details about what happened to cause your injury/damages. If you need more space, you may attach additional pages.
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. Identify 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 contractor, and the State of California vehicle license plate/ID number. If you need more space, you may attach additional pages.
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. If you need more space, you may attach additional pages. You can attach photographs and any additional supporting documents. If you do, be sure the photographs show the damage and its size relative to the vehicle. More than one photograph provides more information to assist the evaluation of your claim.
7. **What Is the Dollar Amount of Your Claim?** State the total dollar amount for which you are claiming. Leaving the dollar amount blank will result in your claim being deemed incomplete, and your claim will be returned without further action. 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 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 of the Vehicle/Damaged Property?** Only the registered owner may file a claim for damage to a vehicle or property. Be sure to provide all vehicle information, including a copy of the vehicle's registration.
10. **Signature of Claimant**: Please sign and date the claim form. Caltrans does not accept claim forms without an original signature. Faxed or photocopied claim forms will not be accepted.

Mailing Completed Form: The completed form must be mailed to the District Claims Office assigned to the county in which your injury/damages occurred. To determine the proper District Claims Office to which you should mail your completed form, you can use the map on the website and click on the county. The website map will show the District Claims Office responsible for that county, including its address and telephone number. You can then use the drop down menu on page 2 of this form to automatically fill in the address for the appropriate District Claims Office. If you have any questions about the location where your injury/damages occurred, you can contact any District Claims Office.

If your claim is over ten thousand dollars ($10,000.00), you must file a different form with the Government Claims Program **WITHIN 6 MONTHS OF THE DATE OF INCIDENT**. A claim form may be obtained by contacting the Government Claims Program at:

Government Claims Program
Office of Risk and Insurance Management
Department of General Services
P.O. Box 989052, MS 414
West Sacramento, CA 95798-9052
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:
http://www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx

The fact that this brief statement of the initial procedure to be followed in submitting 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 by 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 requirements imposed by the law or of any defense 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, in connection with any claim that may be filed.

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