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| **SECTION 1: CLAIMANT INFORMATION** *(driver & owner)* |
| **CLAIMANT NAME** *(driver)*      | **ADDRESS** *(driver)*      | **CITY**      |
| **STATE**      | **ZIP**      | **VEHICLE YEAR**      | **VEHICLE MAKE**      | **VEHICLE MODEL**      |
| **CLAIMANT NAME** *(owner)*      | **ADDRESS** *(owner)*      | **CITY**      |
| **STATE**      | **ZIP**      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SECTION 2: INCIDENT INFORMATION** |
| **DATE & TIME OF INCIDENT**      | **COUNTY IN WHICH INCIDENT OCCURRED**      |
| **LOCATION OF INCIDENT** *(Give exact location, including mile point, name or number of road, intersection, etc.)*      |
| **DESCRIPTION OF INCIDENT & DAMAGE TO CLAIMANT PROPERTY**      |
| **INJURED PARTIES: NAME, ADDRESS, PHONE NUMBER, & NATURE OF INJURY** *(Attach additional sheets if necessary.)*      |
| **IDENTIFICATION OF STATE-OWNED VEHICLE**      | **VEHICLE TYPE & DESCRIPTION**      |
| **LICENSE PLATE #**      | **VEHICLE OPERATOR** *(if known)*      |
| **In what way do you believe the state-owned motor vehicle driver to be at fault?** *(Attach additional sheets if necessary.)*      |
| **WITNESSES: NAME, ADDRESS, PHONE NUMBER, & STATEMENT** *(Attach additional sheets if necessary.)*      |
| **NOTE:** Attach any other available information applicable to your claim, such as copies of police reports or estimates for repairs. |
| **SECTION 3: SIGNATURES** |
| **CLAIMANT SIGNATURE** *(driver)* | **HOME PHONE**      | **WORK PHONE**      |
| **CLAIMANT SIGNATURE** *(owner)* | **HOME PHONE**      | **WORK PHONE**      |
| **Mail to:** |
| **Kentucky Transportation Cabinet** |
| **Office of Legal Services** |
| **200 Mero Street** |
| **Frankfort, Kentucky 40622** |

**NOTICE:** Each claim sent to the Transportation Cabinet is thoroughly investigated. Therefore, it could be several weeks before you receive a response either accepting or denying your claim. It is a violation of state and federal law to make a false claim against this or any other government group. |