



## CLAIM RESULTING FROM MOTOR VEHICLE ACCIDENT

### SECTION 1: CLAIMANT INFORMATION *(driver & owner)*

CLAIMANT NAME <i>(driver)</i>		ADDRESS <i>(driver)</i>		CITY
STATE	ZIP	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL
CLAIMANT NAME <i>(owner)</i>		ADDRESS <i>(owner)</i>		CITY
STATE	ZIP			

### SECTION 2: INCIDENT INFORMATION

DATE & TIME OF INCIDENT	COUNTY IN WHICH INCIDENT OCCURRED
LOCATION OF INCIDENT <i>(Give exact location, including mile point, name or number of road, intersection, etc.)</i>	
DESCRIPTION OF INCIDENT & DAMAGE TO CLAIMANT PROPERTY	
INJURED PARTIES: NAME, ADDRESS, PHONE NUMBER, & NATURE OF INJURY <i>(Attach additional sheets if necessary.)</i>	
IDENTIFICATION OF STATE-OWNED VEHICLE	VEHICLE TYPE & DESCRIPTION
LICENSE PLATE #	VEHICLE OPERATOR <i>(if known)</i>
In what way do you believe the state-owned motor vehicle driver to be at fault? <i>(Attach additional sheets if necessary.)</i>	
WITNESSES: NAME, ADDRESS, PHONE NUMBER, & STATEMENT <i>(Attach additional sheets if necessary.)</i>	
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 <i>(driver)</i>	HOME PHONE	WORK PHONE
CLAIMANT SIGNATURE <i>(owner)</i>	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.