



### CLAIM RESULTING FROM MOTOR VEHICLE INCIDENT

Complete all requested information to expedite processing. Failure to properly complete the form will result in a delay in processing your claim.

_____	_____	_____	_____
Claimant's name	Date of incident	Time of Incident	
_____	_____	_____	_____
Address	City	State	ZIP

\_\_\_\_\_ location of incident. Give exact location, including mile point, name or number of road, intersection, etc.

\_\_\_\_\_ County in which incident occurred

Describe the incident & damage to your property

\_\_\_\_\_ Provide the name of each injured person, address, phone No., nature of the injury (attach additional sheet, if necessary).

Identification of state-owned motor vehicle \_\_\_\_\_ Vehicle type & description \_\_\_\_\_

License plate No., if known \_\_\_\_\_ Vehicle Operator, if known \_\_\_\_\_

In what way do you believe the state-owned motor vehicle driver to be at fault (attach additional sheet, if necessary)?

Your vehicle \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Name & address of driver \_\_\_\_\_

List any witnesses name, address & phone No. (attach statements from witnesses, if available).

Attach any other available information applicable to your claim, such as copies of police reports or estimates for repair.

_____	_____	_____
Claimant's signature	Home phone	Work phone
_____	_____	_____
Address	City	State ZIP

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/or federal law to make a false claim against this or any other government agency.