

DAMAGE CLAIM NOTICE

CLAIM NUMBER	
CONTROL SECTION	JOB NUMBER
REGION	TSC

This information is required by Subsection 107.10.E. of the Standard Specifications to evaluate damage claims. Information must be provided completely and accurately in order for your claim to be considered.

The intent of this procedure is to provide for a due process and prompt investigation that leads to the acceptance or denial of claims for damage to private property in construction zones.

Please print or type and be as detailed as possible. Complete the "Claimant Information" section, sign, date and return to MDOT Construction Engineer.
NOTE: To expedite the investigation, it is very important that you return this form to the Construction Engineer within five (5) days.

NAME	HOME PHONE NUMBER	CLAIMANT E-MAIL ADDRESS
CLAIMANT'S STREET ADDRESS	CITY	STATE ZIP CODE
DATE OF INCIDENT	TIME OF INCIDENT	AMOUNT OF YOUR CLAIM

HOW DID YOU DETERMINE THE VALUE OF YOUR CLAIM? Describe in detail and provide documentation to support the amount of the claim.

LOCATION - Please include route or road, direction of travel, nearest cross street or Mile Marker.

DID THE INCIDENT OCCUR IN A CONSTRUCTION ZONE?	YES	NO	PAVEMENT CONDITION:	WET	DRY
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DESCRIPTION OF CLAIM - Be as detailed as possible. Describe work in progress that you observed. Were there cones or barrels on the job site? Include names of witnesses (if available), weather conditions, contractor's name(s), truck numbers, copies of any estimates, photos (if available) etc. Attach additional sheets if necessary.

I CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE.	CLAIMANT SIGNATURE	DATE
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Instructions to P.E - Attach a self-addressed stamped envelope when forwarding form to claimant. Contact contractor promptly after receiving initial notification of claim. Obtain complete information from claimant and forward to contractor within 14 days.

CONTROL SECTION	JOB NUMBER	DATE CONTACTED BY CLAIMANT	DATE FORM REC'D FROM CLAIMANT
CONTRACTOR			DATE SENT TO CONTRACTOR
CONTRACTOR'S PHONE NUMBER	CONTRACTOR'S FAX NUMBER	CONTRACTOR'S CLAIM OFFICER	
CONSTRUCTION ENGINEER		CONSTRUCTION ENGINEER'S PHONE NUMBER	CONSTRUCTION ENGINEER'S FAX NUMBER
CONSTRUCTION ENGINEER'S ADDRESS			

Instructions to Contractor - The contractor is required to investigate the claim and respond with final disposition within sixty (60) calendar days for claims of \$1500.00 or less (one hundred and twenty (120) calendar days for claims greater than \$1500.00) of receipt of the claim from the project engineer.

HANDLED BY:	CONTRACTOR	INSURANCE COMPANY	SUB-CONTRACTOR	DATE RECEIVED FROM PROJECT ENGINEER
INSURANCE CO./SUB-CONTRACTOR NAME (If handled by)				DATE CLAIMANT CONTACTED
ADJUSTER				DATE OF FINAL DISPOSITION
ADJUSTER'S PHONE NUMBER	CLAIM NUMBER	DATE OF NOTICE TO CLAIMANT	DATE OF NOTICE TO P.E.	

COMPLETE DESCRIPTION OF ACTION TAKEN - Include justification for Action Taken.