

MICHIGAN DEPARTMENT OF TRANSPORTATION
CLAIM OF DAMAGES LESS THAN \$1,000

MDOT CLAIM NUMBER
AD BD. CLAIM NUMBER

*This information is required in accordance with State Administrative Board policy.
Information must be provided completely and accurately in order for your claim to be considered. A claim against MDOT for alleged monetary damages can only be considered for that portion not otherwise covered by insurance.*

NOTE: Please provide the following if available: Copy of the police report; Copies of written estimates of damages, if applicable; Bills or proof of payment for any damages allegedly suffered but not covered by insurance; Photographs or any other documentation which could help substantiate your claim.

NAME	E-MAIL ADDRESS	TELEPHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE AND TIME OF LOSS	AMOUNT OF YOUR CLAIM		

LOCATION - If road or bridge claim, list road name, direction of travel, lane, closest crossroad and county; if building, list address; if MDOT vehicle, provide description and license number.

DESCRIBE YOUR INJURY, LOSS OR DAMAGE IN DETAIL.

HOW DID YOU DETERMINE THE VALUE OF YOUR CLAIM? Describe in detail and attach copies of receipts or estimates.

EXPLAIN WHY YOU FEEL MDOT IS RESPONSIBLE. Describe alleged highway or building defect or alleged negligent operation of MDOT vehicle.

EXPLAIN WHY YOU ARE NOT AT FAULT AND WHY YOU COULD NOT HAVE PREVENTED THIS LOSS.

HAVE YOU FILED ANY OTHER CLAIMS AGAINST THE STATE OF MICHIGAN RELATED TO THIS LOSS? If so, list and/or attach copies.

YES NO

HAVE YOU FILED A CLAIM OR RECEIVED REIMBURSEMENT FOR ALL OR ANY PORTION OF THIS CLAIM FROM ANOTHER SOURCE?

Please explain.

YES NO

DID YOUR INCIDENT OCCUR IN A CONSTRUCTION ZONE? YES NO

DO YOU HAVE ANY OTHER POTENTIAL SOURCE OF REIMBURSEMENT (SUCH AS MOTOR VEHICLE INSURANCE) FOR ALL OR A PORTION OF THIS CLAIM? Please explain.

YES NO

WITNESSES - Provide names, addresses and telephone numbers.

OTHER INFORMATION WHICH YOU FEEL SHOULD BE CONSIDERED.

I certify that the above information is, to the best of my knowledge, true and provided this claim is approved, I fully release and discharge the State of Michigan and the Department of Transportation from all other causes of action, liabilities and damages I may have pertaining to this claim.

CLAIMANT SIGNATURE	DATE
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Notarization is not required in order for you to submit a claim, but you are encouraged to do so at this time, since any claim recommended for payment after the review process must be notarized.

I attest that all the information I have provided on the front of this form is true.

CLAIMANT SIGNATURE

DATE

appeared before me on

and signed the above release as a free act and deed.

NOTARY SIGNATURE

Notary
Public

COUNTY

, Michigan

Commission
Expires: