

CLAIM REPORT AND DEMAND

This claim form must be filled out by the person making the claim against the State and/or its employees. It is to be returned within 10 days to:

TortClaims.DOT@state.mn.us

OR

Minnesota Department of Transportation - Office of Chief Counsel, Tort Claims
Mail Stop 140
395 John Ireland Blvd.
St. Paul, MN, 55155

1. CLAIMANT

Name of Claimant

Date of Birth

Home Address

Email

City, State, Zip Code

Phone

2. INCIDENT OR OCCURRENCE

Date

Time (a.m./p.m.)

Location (as exact as possible)

City, State

Weather Conditions

Lighting conditions

Describe the incident or occurrence in detail:

Full names and addresses of all witnesses:

a. _____

b. _____

c. _____

Full name and addresses of each state agency and each state employee whom you claim caused your damages or injuries:

a. _____

b. _____

c. _____

Full name and address of all other persons, companies, or governmental agencies that you claim are responsible for your damages or injuries:

a. _____

b. _____

c. _____

State the cause of the incident or occurrence:

3. DAMAGES OR INJURIES

Full name and address of each injured person on whose behalf claim is here made (hereinafter "the injured person"): (If the injured person is a minor, include the birth date and the name(s) of parent(s) or legal guardian(s))

Full name and address of other person(s) suffering injuries, if any:

a. _____

b. _____

c. _____

Describe the injury, damages and losses incurred by the injured person on whose behalf claim is made:

What was the injured person doing at the time of the incident:

If injury or damage was to property, state in detail the following:

a. What was damaged:

b. Name of Manufacturer: _____

c. How old was the property at the time of the incident or occurrence?: _____

d. What condition was the property in at the time of the incident or occurrence?

- e. Any prior damage: If so, describe:

- f. Where purchased: _____
- g. If other than claimant, who owned the property at the time of the incident:

- h. Any liens, mortgages, attachments, security interests if third party rights of claims outstanding on said property? If yes, state name and address.

- i. You must provide a paid, itemized invoice/receipt showing repair of the damage OR two written estimates detailing work to be done and costs to repair the damage. Estimated cost of repair: _____
- j. Where is the damaged property now located:

If injury or damages were to the person injured, state the following:

- a. Identify any health care facility, including address and telephone number, at which the injured person receive care related to the incident or occurrence:

- b. Identify the full name, address, and telephone number for each health care provider from whom the injured person received care related to the incident or occurrence:

- c. If the injury arose out of or in the course of the injured person's employment, please identify the injured person's employer and describe the circumstances under which the injury occurred:

If there is any type of insurance available for any damages claimed by any injured person, please identify the insurance company and type of insurance coverage available:

State the amount hereby claimed and demanded by you from the State: _____
 State the basis of the calculation of this amount:

Have you made any other claims against the State and/or its employees? _____
 If so, state the date(s) and circumstances:

I hereby certify that the foregoing statements and claim made by me are true. I am aware that if any statement made herein is to my knowledge false, in whole or in part, that I am subject to punishment provided by law.

_____ Date

_____ Signature of Claimant