

INSTRUCTIONS FOR ALABAMA DEPARTMENT OF TRANSPORTATION (ALDOT)

CLAIM FOR PROPERTY DAMAGE AGAINST ALDOT

NOTE: Claims must be presented within one year after the date of the property damage. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in blue or black ink or typed. All supporting documentation must be submitted on 8 1/2 x 11 paper front side only.

Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

Please fill out the attached Property Damage Form and file it as directed below.

CLAIMS \$5,000.00 OR LESS

CLAIMS OVER \$5,000.00

MAIL COMPLETED FORMS TO:

MAIL COMPLETED FORMS TO:

Alabama Department of Transportation
Legal Bureau
1409 Coliseum Boulevard
Montgomery, AL 36110

Alabama State Board of Adjustment
600 Dexter Avenue, Suite E-302
Montgomery, AL 36130-1435

FORMS MAY BE E-MAILED TO:

FORMS MAY BE DELIVERED TO:

claims@dot.state.al.us

FORMS MAY BE DELIVERED TO:

Legal Bureau
1409 Coliseum Boulevard
Montgomery, AL 36110
Telephone Number: (334) 242-6350
Fax: (334) 264-4359

Alabama State Board of Adjustment
State Capitol Building, Suite E-302
Montgomery, AL 36130
Telephone Number: (334) 242-7175
Fax: (334) 242-2008

1. Identify whether your claim is greater or less than \$5,000.
2. Enter your personal information. (Enter your Name, Address, Telephone Number(s), Email Address, the last four digits of your Social Security Number or the last four digits of your FEIN if a business.) Claims without the last four digits cannot be processed and will be returned to the Claimant.
3. If you have an attorney, enter your attorney's information. (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)
4. Enter the Facts of the Claim:
 - A. Date the property damage occurred.
 - B. Location/address where the property damage occurred.
 - C. Statement of facts describing the property damage and the events surrounding the damage. Documentation must accompany the claim for proof of the damage claimed. Provide an official accident/incident report and any other evidence to prove that the incident upon which the claim is based did take place. (Photographs and other documents must be provided in printed form. Documents will not be printed from CDs, flash drives or other electronic media.)
5. Damages to Personal Property:
 - A. List all expenses you are claiming and the amount for each. Describe the personal property damaged.

(Year/Make/Model of Vehicle, Watch, Eyeglasses, Clothing, etc.) Attach copies of invoices, proof of purchase, replacement cost, etc. If claiming mileage, use the Mileage Log which is listed on the web site, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

- B. Enter the TOTAL dollar amount for items being claimed which were damaged.
6. Insurance Coverage:
- A. If you have insurance that will cover all or part of the damage, check “Yes”; otherwise, check “No”.
 - B. If you checked “Yes” in 6.A., provide the name of your insurance company.
 - C. If you answered “Yes” in Item 6.B., list the amount of insurance coverage limits and your deductible. Provide a copy of your insurance declaration page which indicates your amount of coverage and your deductible.)
 - D. If you have filed for coverage with your insurance company, check “Yes”; otherwise, check “No”
7. Sign the claim form in the presence of a Notary Public, print your name and have the notary complete the verification section. **NOTE: Claimant must be the owner of the vehicle or named insured on insurance declaration page.**
8. Complete a current W-9. Completion of the W-9 will expedite payment of your claim in the event the Department pays your claim. You can find a current W-9 form on the IRS website at <https://www.irs.gov/forms-pubs/about-form-w-9>.

ALABAMA DEPARTMENT OF TRANSPORTATION (ALDOT)
CLAIM FOR PROPERTY DAMAGE AGAINST ALDOT

See Pages 1-2 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See Page 1 INSTRUCTIONS for mailing or hand delivering this form.

DO NOT WRITE IN THIS SPACE. FOR ALDOT USE ONLY.

Claim No.: _____

1. Please check whether your claim is: \$5,000.00 or less greater than \$5,000.00

2. Claimant's Information:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____ E-mail: _____

Home Telephone No.: _____ Work No.: _____

Cellular Telephone No.: _____ Fax No.: _____

Claimant's Last Four Digits of Social Security No. or last four digits of Business FEIN:
SSN: XXX-XX-____ FEIN: XX-XXX ____

If injured party is a minor (under 19 years of age), claim must be signed and filed by parent or guardian as the claimant. Give name and age of minor and the name and relationship of person with whom minor lives.

Name of Minor: _____ Age of Minor: _____

Name of Person with whom Minor Lives: _____

Relationship of Person to Minor: _____

3. Claimant's Attorney: (NOTE: If an attorney is listed, all correspondence will be with the attorney only.)

Attorney Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

E-mail Address: _____

Office Telephone No.: _____ Fax No.: _____

4. Facts of Claim:

A. Date Damage Occurred: _____

B. Road name or Route Number **and** County of where accident or damage occurred: _____

C. Statement of Facts: _____

Claimant's Name _____

5. Damages to Personal Property:

A. List all expenses you are claiming and the amount for each **(Describe personal property damaged (Year/Make/Model of Vehicle, Watch, Eyeglasses, Clothing, etc.))**. Attach copies of invoices, proof of purchase, replacement cost, etc. If claiming mileage, use the Mileage Log which is listed on the website, www.bdadj.alabama.gov, as Alabama State Board of Adjustment Mileage Log.

Item Description	Amount of Expense

B. Total Cost of Repair or Replace for Item(s) Damaged: _____

6. Insurance Coverage:

A. Do you have insurance which would cover all or part of the damage? Yes No

B. If yes, provide name of insurance company: _____

C. Amount of Coverage limits: _____

Comprehensive Deductible: _____ Collision Deductible: _____

D. Have you filed for coverage to which you are entitled under your policy? Yes No

E. The Department reserves the right to forward a copy of an award of damages to your insurance company.

F. By signing this form, Claimant agrees that he, she, or company will not file a claim against his, her or company's insurance provider if the full amount of damages claimed is paid by the Department.

7. Signature of Claimant/Authorized Representative: _____

Please Print Name _____

VERIFICATION

STATE OF _____

COUNTY OF _____

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above-stated facts are true and correct.

Sworn and subscribed before me this _____ day of _____, 20 _____

AFFIX SEAL

Signature of Notary Public _____

Printed Name _____