

DAMAGE CLAIM FORM

For use by property owners, third parties, or other parties seeking to submit a claim to the State for damages allegedly caused during the course of an Operation

** This form is intended to be published on-line to facilitate electronic completion of damage claims.*



APN:	
Date:	

I. CLAIMANT & PROPERTY INFORMATION:

Last Name	First Name		Middle Initial
Property Address	City	State	Zip
Mailing Address	City	State	Zip
Phone Number	Email		
Is the Claimant the Property Owner of Record?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the property ownership changed since the Right of Entry (ROE) Form was signed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this an amendment/appeal for a previously filed claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing Claim Number	Existing Claimant Name	

II. DAMAGE DESCRIPTION:

Date, time, and location of incident:
Names, job titles, employer, of involved persons:
Names and accounts of witnesses:
Events leading to incident:
Describe the activity occurring at the moment of the incident:
Environmental conditions at the time of the incident:
Circumstances relating the incident (including tasks, equipment, tools, materials, PPE, etc.):
Describe the specific damages to property:

Property Damage Claim

(Rev. 5/2020)



Describe any injuries to personnel or damage to equipment, materials, etc.:
Describe any relevant evidence of activities by third parties (e.g., construction crews, utility crews, tree removal activities, road maintenance crews, etc.):
Date and time photographs of Incident:

III. DAMAGE CLAIM INFORMATION:

Briefly describe proposed work to resolve alleged damage (Attach supporting documentation, photos, etc.):
Explain why you think the State is responsible for the alleged damage:
Late claim explanation (Required if claim is filed six months after alleged damage is discovered):

IV. CERTIFICATION

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (e.g. Penal Code section 72).

Claimant (Printed)	Relationship to Property Owner
Claimant (Signature)	
Date Executed	Executed in the County of