

West Virginia Legislative Claims Commission  
Telephone (304) 347-4851

**INSTRUCTIONS FOR ROAD HAZARD OR DAMAGES TO REAL ESTATE CLAIMS**

**CLAIMANT:** Name of the titled owner(s) of the vehicle and/or name of the injured party, if any, or in case of real estate, name of property owner(s).

**RESPONDENT STATE AGENCY:** This is usually the Division of Highways (DOH).

**DOLLAR AMOUNT CLAIMED:** Actual payment for repairs or an estimate may constitute the amount of the damages. If a claimant has collision insurance coverage which will cover the damages to the vehicle, the claimant may recover only the deductible portion of the insurance. A copy of the insurance abstract (declaration page) is required by the Court. Subrogation claims by insurance companies are not considered.

**NAME AND ADDRESS OF ATTORNEY OR CLAIMANT:** If claimant has an attorney please complete these lines. If there is no attorney, claimant must complete the lines under Claimant(s) Information providing his/her name, address, telephone number, and e-mail address.

**VEHICLE CLAIM:** Include the date, time, and place of the accident including the State Route number, and any landmarks nearby, if known. Include the year, make, and model of the vehicle involved, and the owner(s).

**FACTS OF YOUR CLAIM:** Explain how the damage occurred and why the DOH, or other agency, should be liable for the damages.

**SIGNATURE:** The Suggested Form of Notice of Claim must be signed by the claimant(s) and dated.

**DISTRIBUTION OF COPIES:** Submit the white copy of the Notice of Claim to this office and keep the yellow copy for your records.

**IMPORTANT:** You **MUST** attach copies of any bills, receipts, estimates, etc., for which you are seeking reimbursement. You **MUST ALSO** attach a copy of your vehicle insurance abstract (also known as your "declarations page").

**PLEASE NOTE:** **This does not mean that you must file a claim with your insurance company.** That is your decision. However, recovery for vehicle damages is limited to the amount of the Claimant's collision insurance deductible, if any, which was in effect at the time of the incident, ***whether or not the damage is reported to the Claimant's insurance company.*** Providing the insurance information does not constitute reporting the claim to the insurance company. If the amount of damages is greater than the collision insurance deductible, a Claimant may only recover up to the deductible amount, typically \$250.00 or \$500.00. If the vehicle is covered by liability insurance only, the amount of potential recovery is not limited. You can easily obtain a copy of your declarations page by contacting your insurance company. **Please make sure that the dates of the declaration page coincide with the date of your incident. Note: the declarations page IS NOT your insurance card.**

**CHECKLIST: Please do not forget to attach:**

1. Receipts for repairs or an estimate for repairs
2. The declarations page from your insurance policy covering the date of the accident
3. Any photographs of the damage or area where the damage occurred (optional)

***FAILURE TO FOLLOW THESE INSTRUCTIONS WILL DELAY THE PROCESSING OF YOUR CLAIM.***

**Please read instructions thoroughly before completing this form.**

**West Virginia Legislative Claims Commission**  
 1900 Kanawha Blvd., E., Room W-334  
 Charleston, WV 25305-0610  
 (304) 347-4851 or (877) 562-6878 (toll free)  
 www.legis.state.wv.us/joint/claimscommission.cfm

**OFFICE USE ONLY**  
 CC- \_\_\_\_\_

**Suggested Form of NOTICE OF CLAIM**

*This claim form and any accompanying exhibits should be submitted to the above address. Please type or print. Failure to complete this form properly will delay processing of the claim.*

Mr.  \_\_\_\_\_ Respondent State Agency  
 Ms.  Claimant 1  
 Mrs.  VS.  
 Dr.  Claimant 2 (if applicable)

Amount Claimed: \$ \_\_\_\_\_

<b>Attorney/Representative</b> (to be completed by counsel or representative)	<b>Claimant(s) Information</b>
Name _____	Name _____
E-mail (please print clearly) _____	E-mail (please print clearly) _____
Mailing Address _____	Mailing Address _____
City _____	City _____
County _____	County _____
State _____ Zip _____	State _____ Zip _____
Telephone Number _____ FAX Number _____	Telephone Number _____

**VEHICLE CLAIM:**

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_  AM  PM

Place of accident (if applicable) \_\_\_\_\_  
 Street/Route Number \_\_\_\_\_ Nearest City/Town \_\_\_\_\_ County \_\_\_\_\_

Landmark at scene, if any \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner(s) \_\_\_\_\_

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**Notice of Claim**

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***Important Information for Vehicle Claims***

Please provide a copy of your declarations page (DEC sheet) from your insurance company showing your deductible amount in effect on the date of the accident. If an award is made, recovery is limited to the amount of your collision deductible.

**Failure to include proper declarations page will delay processing of your claim.**

***Important Information for Property Claims***

(such as drainage or slip claims):

Name of property owner(s) \_\_\_\_\_

State facts of the claim clearly (use additional sheets if necessary):

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**Print or type name**

\_\_\_\_\_  
**Signature of claimant(s) OR designated attorney required**

\_\_\_\_\_  
**Date of signature**

Upon the filing of this claim, you will receive an acknowledgment letter assigning a claim number.

**Please refer to the assigned claim number in all correspondence with this office.**