



New York State Department of Transportation Small Claim Instructions

Please read these instructions and complete the attached form to submit a Small Claim to the New York State Department of Transportation. The completed form must be **submitted to the appropriate Regional Office** as listed on the back of this letter or your claim will be delayed.

The Department is authorized to pay claims for damages, up to a maximum of \$5,000, that are caused by the negligence of a Department employee. For a typical pothole or debris claim, this means that there must be a clear demonstration that the Department, with notice of a dangerous condition, failed to correct the condition within a reasonable period of time in order for the Department to be found negligent. This procedure is not, however, the equivalent of a judicial determination. For claims in excess of \$5,000, or for a determination by a judge after a trial, regardless of the amount of claimed damage, you must pursue the remedies available under the Court of Claims Act. We caution you that, under this Act, there is a 90-day notice requirement and we advise you to seek the assistance of an attorney for further information.

If a preliminary determination of State liability is made, the necessary vouchers and releases will be sent to you. Once those are completed and returned to the Department, it generally takes between six and eight weeks before you will receive a check. If, on the other hand, it is determined that the State was not negligent and is not liable for your damages, a written explanation of the reasons for this determination will be sent to you.

When a Department car, truck, or snowplow is involved in an accident, the claim is sent to the Office of General Services which will forward it to an adjusting company. The adjusting company would contact you directly.

For additional information, or the status of your claim, please call or write the Regional Office where your claim was submitted.

<u>County Where Damage Occurred:</u>	<u>Send Completed Form To:</u>	<u>Call:</u>
Albany, Essex, Greene, Rensselaer, Saratoga, Schenectady, Warren, Washington	NYSDOT Regional Claims Office 50 Wolf Road Albany, NY 12232	(518) 457-3937
Herkimer, Fulton, Hamilton, Madison, Montgomery, Oneida	NYSDOT Regional Director Utica State Office Bldg. 207 Genesee Street Utica, New York 13501	(315) 793-2447
Cayuga, Seneca, Cortland, Onondaga, Oswego, Tompkins	NYSDOT Regional Claims Office 5430 South Bay Road North Syracuse, NY 13212	(315) 452-3340
Genesee, Livingston, Monroe, Ontario, Wyoming, Orleans Wayne	NYSDOT Claims Dept. 1530 Jefferson Road Rochester, New York 14623	(585) 272-3400
Cattaraugus, Chautauqua, Erie, Niagara	NYSDOT Regional Claims Office 100 Seneca Street Buffalo, New York 14203	(716) 847-3173
Allegany, Chemung, Schuyler, Steuben, Yates	NYSDOT Region 6 Claims 107 Broadway Hornell, New York 14843	(607) 324-8469
Clinton, Franklin, Jefferson, Lewis, St. Lawrence	NYSDOT Regional Director Dulles State Office Bldg. 317 Washington Street Watertown, New York 13601	(315) 785-2333
Columbia, Dutchess, Orange, Putnam, Rockland, Ulster, Westchester	NYSDOT Regional Claims Office 4 Burnett Boulevard Poughkeepsie, New York 12603	(845) 431-5750
Broome, Chenango, Delaware, Otsego, Schoharie, Sullivan, Tioga	NYSDOT Regional Director 44 Hawley Street Binghamton, New York 13901	(607) 721-8116
Nassau, Suffolk	NYSDOT Regional Claims Office NYS Office Building 250 Veterans Memorial Highway Hauppauge, New York 11788	(631) 952-6139
Bronx, Kings, New York, Queens, Richmond	NYSDOT Hunters Point Plaza 47-40 21st Street, Room 302 Long Island City, New York 11101 Attn: Osama Khalil, Construction, R-11	(718) 482-4989

New York State Department of Transportation
Small Claim Form

Please type or print legibly using black ink. Answer all questions in as much detail as possible. Attach additional sheets if necessary.

1. Owner Information:

Name of Owner: _____

Address: _____

Telephone Number (include area code): Day _____ Evening _____

If applicable, Vehicle Make: _____ Model: _____ Year: _____

Color: _____ Plate: _____ Mileage: _____

2. Insurance Payment:

Have you received, or expect to receive, any payment from your insurance carrier for this claim?

Yes _____ No _____ (Check one)

If the answer is "Yes", your claim **must** be submitted by the insurance company in accordance with their "Right of Subrogation," even if you are looking for reimbursement for a deductible.

3. Accident/Incident Information:

Date: _____ Time: _____ AM/PM

Location of Accident/Incident:

Town, City, or Village *County* *Highway*

Nearest intersection *Distance from* *Landmark (e.g. Store, Building)* *Mile Marker*

4. Detailed description of what happened:

5. Description of Damage:

Please list all damages and attach documentation which must be in the form of a paid bill or an estimate from an established business. **Two (2) estimates from established businesses are required for all claims in excess of \$200.** If the claim is for replacement of a tire, the estimate(s) must contain a statement to the effect that the damaged tire could not be repaired. In addition, the estimate(s) must reflect a deduction for depreciation, which must be made by a garage, service station, etc:

6. Total Amount of Damages: \$ _____ (Must be supported by lowest estimate or paid bill)

7. State Vehicle Information (if applicable):

If a State vehicle was involved, give the name of the operator, license plate, or some other identification.

8. Witnesses to the incident:

Please provide names, addresses, and telephone numbers, if known. List any police agency notified.

FALSE STATEMENTS MADE IN THIS FORM ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW. ACCORDINGLY, AND WITH NOTICE OF THE FOREGOING, I HEREBY AFFIRM THAT ALL OF THE STATEMENTS CONTAINED IN THIS FORM ARE TRUE, UNDER PENALTY OF PERJURY, THIS _____ DAY OF _____ 20____.

Signed: _____ Dated: _____

Reminder:

Send completed form to the appropriate Regional Office. See cover letter for locations by county.