

DEPARTMENT OF TRANSPORTATION
EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY

SECTION A – CLAIMANT IDENTIFICATION

1. NAME AND ADDRESS OF CLAIMANT	2. TITLE AND GRADE	3. TELEPHONE NO.
	4. OFFICE OR SERVICE	5. LOCATION (<i>city and state</i>)
6. LOCATION WHERE LOSS OR DAMAGE OCCURRED	7. DATE OF LOSS OR DAMAGE	8. TOTAL AMT. CLAIMED \$

SECTION B – DESCRIPTION OF PROPERTY

ITEMIZED LISTING <i>(Attach supplemental sheets, if necessary)</i>	DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	TO BE COMPLETED BY INVESTIGATOR
				DEPRECIATED VALUE

9. CLAIM IS FOR (<i>check one</i>) <input type="checkbox"/> LOSS (<i>Includes theft</i>) <input type="checkbox"/> DAMAGE	10. BRIEF STATEMENT OF CIRCUMSTANCES
11A. WAS PROPERTY INSURED? <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>if "yes", complete 11B and 11C</i>)	12A. WAS PROPERTY IN POSSESSION OF COMMON CARRIER AT TIME OF LOSS? <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>if "yes", complete 12B and 12C</i>)
B. NAME OF THE INSURER	B. HAS CLAIM BEEN MADE? <input type="checkbox"/> NO <input type="checkbox"/> YES
C. AMOUNT COLLECTED (<i>attach itemized listing</i>)	C. DISPOSITION OF CLAIM

CERTIFICATION – I make this claim with full knowledge of the penalties for willfully making a false claim and certify that I am entitled to any payments.

13. DATE	14. IF CLAIMANT IS NOT OWNER, STATE RELATIONSHIP	15. SIGNATURE OF CLAIMANT
----------	--	---------------------------

CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENT: Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (*18 U.S.C. 287, 1001*)

SECTION C – (To Be Completed By Designated Investigator)

16. NAME OF INVESTIGATOR	17. TITLE AND GRADE	18. TELEPHONE NO.
19. OFFICE OR SERVICE	20. LOCATION (<i>city and state</i>)	

21. VERIFICATION OF FACTS/DISCREPANCIES

22. REMARKS AND RECOMMENDATIONS

23. DATE	24. SIGNATURE OF INVESTIGATOR
----------	-------------------------------

SECTION D - APPROVAL

25. PAYMENT IS APPROVED IN THE AMOUNT OF \$ _____	26. DATE	27. SIGNATURE OF APPROVING OFFICIAL
---	----------	-------------------------------------