

The attached form is being provided to assist you with filing a tort claim in accordance with the Virginia Tort Claims Act. Please see Va. Code § 8.01 -195.1 et. seq. for filing requirements.

If you wish to submit a tort claim with VDOT you must fill out the following form and attach **one estimate** to repair your property or a **receipt of repair**. Also, please provide any pictures, witness statements, or anything else that may help your claim.

Please note that filing a tort claim does not mean you will recover any damages. Pursuant to Va. Code § 2.2-3700 et. seq. anything you submit to VDOT may be released to the public under Virginia's Freedom of Information Act.

Virginia Department of Transportation TORT CLAIM INTAKE FORM			
CONTACT INFORMATION			
Name (First, Middle Initial, Last):			
Mailing Address:			
City:	State:	ZIP Code:	
Home Phone:		Cell Phone:	
E-mail:		Preferred method of communication (email or mail):	
INCIDENT INFORMATION			
Date of Incident:		Time of Incident:	
Describe Location or Address of Incident:			
Mile Marker:	Route:	Direction:	
County/City:		Cross Street:	
VDOT Vehicle Involved:		License Plate of VDOT Vehicle:	
VDOT Employee Name:			
CLAIM INFORMATION			
Dollar Amount Requested (You must submit one estimate or receipt of repair):			
Have you Submitted a Claim to your Insurance?		If yes, were you Paid? What Amount?	
Name of Insurance:		Policy Number:	
Name of the Registered Owner of the Car:			
Make of Vehicle:	Model of Vehicle:	Year:	License Plate No:

MAILBOX CLAIMS ONLY
Is this a mailbox replacment claim? (yes or no)
Is the mailbox claim for \$100.00 or less? (yes or no)
Will you accept a standard VDOT replacement mailbox and post? (yes or no)
If you answer yes to all three questions above, you do not need to submit estimates or a receipt.

Explain how the Injury or Damage occurred:

Explain what you Claim VDOT did to Cause your Injury or Damage:

Explain the extent of the Injury or Damage:

SIGNATURE
Please Sign and Date: <hr/>