



### Small Claim Instructions (For Property Damage Only)

Regional offices of the New York State Department of Transportation (the Department) are the primary contact for those seeking reimbursement through the Small Claims process. Specific contact information for each region is as listed on the reverse side of these instructions

The Department of Transportation is authorized to pay for **\*property** damages, up to a maximum of \$5,000 (Small Claims), where the damages are found upon investigation to have been caused by the negligence of the Department or one of its employees. Personal injury claims are excluded from this process. Claims in excess of \$5,000 cannot be handled by the Department as a Small Claim.

Damages in excess of \$5,000 must be pursued by initiating an action in the Court of Claims. For timely filing, the Court of Claims Act mandates a maximum of 90 days between the date of loss and the filing of a Notice of Claim. You are advised to seek assistance of an attorney for further information regarding the Court of Claims and the proper filing of a claim against the Department for damages in excess of \$5,000.

***Per Highway Law § 58, the state shall not be liable for damages suffered by any person from defects in state highways, except between the first day of May and the fifteenth day of November, subject to limitations pursuant to the Court of Claims Act § 8.***

In the event that your damages do not exceed \$5,000, please read these instructions carefully and follow the process described.

- Step 1. Complete the attached Small Claim form (DC30-2) by filling in all of the requested information and providing all additional documentation referenced in the body of the DC30. **Incomplete submissions will not be accepted by the Department.**
- Step 2. Determine in which region of the Department your damages were sustained. This would be the appropriate Regional Office for the following step.
- Step 3. The completed DC30-2 form must be submitted to the appropriate Regional Office as listed on the reverse of these instructions or your Small Claim processing will be delayed. Once your Small Claim is submitted, the Department will conduct an internal investigation of the facts relating to your claim.
- Step 4. Departmental staff conducts an internal investigation, at the direction of the Department's Office of Legal Services, into the facts and circumstances involved in your loss. Depending on the specific situation, this investigation may take some time. The materials developed by staff in this investigation are privileged and confidential and are not available through the New York Freedom of Information Law (FOIL).
- Step 5. Based upon the investigation, if it is determined by Department's Office of Legal Services that the Department was not negligent and is not liable for your damages, a written explanation of the reasons for this determination will be sent to you. If a determination of Department liability is made, the necessary vouchers and releases will be sent to you. Once this paperwork is completed by you and returned to the Department, it generally takes between six and eight weeks before you will receive a check.

<b><u>County Where Damage Occurred:</u></b>	<b><u>Send Completed Form To:</u></b>	<b><u>Call:</u></b>
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 Building 207 Genesee Street Utica, NY 13501	(315) 793-2447
Cayuga, Seneca, Cortland, Onondaga, Oswego, Tompkins	NYSDOT Regional Claims Office 333 East Washington Street Syracuse, NY 13202	(315) 448-7312
Genesee, Livingston, Monroe, Ontario, Wyoming, Orleans, Wayne	NYSDOT Claims Department 1530 Jefferson Road Rochester, NY 14623	(585) 371-9300
Cattaraugus, Chautauqua, Erie, Niagara	NYSDOT Regional Claims Office 100 Seneca Street Buffalo, NY 14203	(716) 847-3173
Allegany, Chemung, Schuyler, Yates, Steuben	NYSDOT Region 6 Claims 107 Broadway Hornell, NY 14843	(607) 324-8469
Clinton, Franklin, Jefferson, Lewis, St. Lawrence	NYSDOT Regional Director Dulles State Office Building 317 Washington Street Watertown, NY 13601	(315) 785-2333
Columbia, Dutchess, Orange, Putnam, Rockland, Ulster, Westchester	NYSDOT Regional Claims Office 4 Burnett Boulevard Poughkeepsie, NY 12603	(845) 431-5921
Broome, Chenango, Delaware, Otsego, Schoharie, Sullivan, Tioga	NYSDOT Claims Officer 44 Hawley Street 11 <sup>th</sup> Floor, Room 1103 Binghamton, NY 13901	(607) 721-8255
Nassau, Suffolk	NYSDOT Regional Claims Office NYS Office Building 250 Veterans Memorial Highway Hauppauge, NY 11788	(631) 952-6139
Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)	NYSDOT - Regional Claims Office Construction Unit 47-40 21st Street, Room 302 Long Island City, NY 11101	(718) 482-4702

New York State Department of Transportation  
**Small Claim Form**  
**(For Property Damage Only)**

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

**1. Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number (including 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: \_\_\_\_\_

Location of Accident/Incident:

\_\_\_\_\_ *State Highway*

\_\_\_\_\_ *Nearest Intersection*

\_\_\_\_\_ *Direction of Travel*

\_\_\_\_\_ *Distance from*

\_\_\_\_\_ *Landmark*

\_\_\_\_\_ *Reference/Mile Marker*

\_\_\_\_\_ *Town, City or Village*

\_\_\_\_\_ *County*

**Detailed description of what happened:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Description of Damage:**

Please list all damages and attach documentation.

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If the claim is in excess of \$200 this claim form must be accompanied by either one of the following:

- two estimates prepared by established businesses; or
- one copy of paid bill which contains verified information that the bill has been paid.

Claims under \$200 can be accompanied by one (1) estimate or one (1) paid bill.

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.:

*Per Highway Law § 58, the state shall not be liable for damages suffered by any person from defects in state highways, except between the first day of May and the fifteenth day of November, subject to limitations pursuant to the Court of Claims Act § 8.*

**5. Total Amount of Damages:** \$ \_\_\_\_\_ (this blank must be filled in).

**6. State Vehicle Information (if applicable):**

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

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**7. Witnesses to the incident:**

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

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THE UNDERSIGNED IS THE OWNER OF THE VEHICLE OR PROPERTY REFERENCED IN ITEM 1 AND UNDERSTANDS THAT 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: \_\_\_\_\_

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