

8. State the full names, addresses and phone numbers of all witnesses:

9. A CLAIM FOR \$_____ is hereby made against the STATE OF NEVADA, based upon the following facts:

10. Describe how damage or injury occurred and what the STATE OF NEVADA or its employees did to cause your damage or injury. **Give full details:**

A) State of NV Employee's Name

B) State of NV Agency

11. Explain and support the amount of damages you have claimed. Please provide a **MINIMUM OF 2 REPAIR ESTIMATES** for property damage. Also include any rental bills, receipts, medical reports, itemized statements, etc.

12. If this claim is for personal injury and/or payment of medical expenses you must answer this question: **Are you covered under any type of Medicare Program. NO YES** if yes: Pursuant to Federal Medicare rules, if liability is accepted by the State of NV, you will be required, at a later date, to provide your Medicare Health Insurance Claim Number (HICN).

I, _____, do hereby attest under penalty of perjury that I am the claimant named above, that I have read the foregoing claim and know the contents thereof, that the same is true of my own knowledge, except those matters stated upon information and belief, and as to those matters, I believe them to be true, and that THIS IS MY ENTIRE CLAIM AGAINST THE STATE OF NEVADA.

IF MY CLAIM IS PAID BY THE STATE OF NEVADA, I FULLY UNDERSTAND THAT I WILL HAVE TO SIGN A RELEASE OF ALL CLAIMS IN THE PRESENCE OF A NOTARY PUBLIC FOR THE DETERMINED AMOUNT BEFORE ANY PAYMENT WILL BE OFFERED TO ME. THIS RELEASE WILL BECOME EFFECTIVE ONLY UPON ACTUAL PAYMENT OF THE CLAIM BY THE STATE OF NEVADA.

Signature of Claimant (or Company Representative)

Date

NOTICE: 197.160 of Nevada Revised Statutes provides that every person who knowingly presents a false claim is guilty of a gross misdemeanor, and is subject to criminal penalties of imprisonment of up to one year, and a fine of up to \$2,000.

Incomplete or unsigned claim forms will not be accepted and will be returned.

Claims may be submitted as follows:

Email: agclaims@ag.nv.gov

Mail:
Claims Manager DMV
Legal/Tort Claims
555 Wright Way
Carson City, NV 89711

Fax: 775-684-4601