

PRINT LEGIBLY OR TYPE

STATE OF HAWAII

CLAIM FOR DAMAGE OR INJURY

**YOUR CLAIM CANNOT BE PROCESSED UNLESS THIS FORM IS FULLY COMPLETED AND SIGNED.
ATTACH ADDITIONAL PAPER IF NECESSARY.**

1. FIRST NAME: _____ MIDDLE: _____ LAST: _____

2. GENDER: MALE FEMALE

3. IF THE CLAIMANT IS A MINOR, PROVIDE THEIR BIRTH DATE: _____

4. PARENT OR LEGAL GUARDIAN NAME IF CLAIMANT IS A MINOR:

FIRST NAME: _____ LAST: _____

5. RESIDENCE ADDRESS: Street: _____

City: _____ State: _____ Zip: _____

6. IF THIS IS AN INJURY CLAIM, IS THE CLAIMANT A MEDICARE/MEDICAID BENEFICIARY YES NO

7. PHONE (HOME/CELL): _____ PHONE (WORK): _____

8. EMAIL: _____

9. OCCUPATION: _____

10. EMPLOYER: _____

11. DATE INCIDENT OCCURRED: _____ TIME: _____ AM PM

12. SPECIFIC LOCATION OF INCIDENT: (Identify street, cross street, lane of travel, direction of travel, city)

13. DESCRIBE WHAT OCCURRED IN DETAIL, PROVIDE ALL KNOWN FACTS AND IDENTIFY PEOPLE OR PROPERTY INVOLVED. ATTACH PHOTOGRAPHS, MAPS, DIAGRAMS, ETC. TO EXPLAIN THE INCIDENT.

14. EXPLAIN WHY YOU FEEL THE STATE OF HAWAII IS AT FAULT:

15. DESCRIBE THE SPECIFIC NATURE & EXTENT OF THE INJURY, PROPERTY DAMAGE OR LOSS:

16. IF AUTOMOBILES ARE INVOLVED, HAVE YOU ALREADY FILED A CLAIM WITH AN AUTO INSURANCE COMPANY REGARDING THIS INCIDENT? YES NO

IF "YES", PROVIDE THE AUTO COMPANY'S NAME, THE POLICY NUMBER, THE CLAIM NUMBER, THE ADJUSTER NAME AND PHONE NUMBER:

17. WAS A POLICE REPORT COMPLETED? YES NO

IF YES, PROVIDE THE POLICE REPORT # _____

18. WERE THERE ANY WITNESSES WHO SAW THE INCIDENT? YES NO IF YOU ANSWERED YES:

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

19. DID YOU PREVIOUSLY REPORT THIS INCIDENT TO THE STATE? YES NO IF YOU ANSWERED YES:

DATE CLAIM WAS ORIGINALLY REPORTED: _____

HOW WAS THE CLAIM REPORTED: _____

NAME OF STATE EMPLOYEE REPORTED TO: _____

CONTACT INFO FOR THAT STATE EMPLOYEE: _____

20. AMOUNT OF THE CLAIM (SEE INSTRUCTIONS FOR VERIFICATION OF THE AMOUNT):

PROPERTY DAMAGE: \$ _____

PERSONAL INJURY: \$ _____

ATTACH A COPY OF ALL SUPPORTING DOCUMENTATION (INCLUDING A COPY OF THE POLICE REPORT). IF THIS IS A PROPERTY DAMAGE CLAIM, THE OWNER OF THE DAMAGED PROPERTY MUST SIGN THIS FORM. FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

FULL NAME

DATE

MAILING ADDRESS (WITH CITY, STATE, ZIP CODE)

EMAIL