

## Claimant Information

**First Name:** Surya Sindhu

**Middle Name:**

**Last Name:** pathuri

## Claimant Address

**Address Line 1:** 108 GORING LN

**Address Line 2:**

**Postal Code:**

40601

**State:** KY

**County:** FRANKLIN

**City:** FRANKFORT

**Email:**

**SSN/Federal ID:** 657677567

**Phone Type:**

**Phone Number:**

**Phone Type:**

**Phone Number:**

**State Agency involved with the incident:**

**Date Of Incident From:**

**Date of Incident To:**

**Time of Incident:** 7:49 AM

**Location where the Incident Occurred:** test

**Amount of your claim \$:** 6465.00

**Describe the incident and the damage done to you or your property:** Office of Claims and Appeals

**In what way do you believe the state agency or employee was at fault?:** Office of Claims and Appeals

**What more could the state have done:** Office of Claims and Appeals

## Claimant's Vehicle

**Name of the law enforcement authority or officer who investigated the incident.**

## **Passenger Information**

## **Upload Documents**

## **Attestation**

### **Claimant's Signature:**

Office of Claims and Appeals

**Signature Date:** 5/19/2021