

CHAPTER 6

GOVERNMENT CLAIMS PROGRAM; GOOD SAMARITAN PROGRAM; VICTIMS OF VIOLENT CRIMES PROGRAM

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CHAPTER 6

GOVERNMENT CLAIMS PROGRAM; GOOD SAMARITAN PROGRAM; VICTIMS OF VIOLENT CRIMES PROGRAM

1. GOVERNMENT CLAIMS PROGRAM. The Department of General Services (DGS) oversees California's Government Claims Program (GCP). DGS has delegated authority to the Department to settle and pay property damage/loss claims up to \$1,000 per claim, pursuant to Section 935.6 of the Government Code (GC). Generally, anyone who wants to file a lawsuit against the state or its employees for damages must first pursue an administrative remedy through the GCP claims process. Any person can file a government claim for damages believed to be caused by the State of California due to the action or inaction of its employees.

2. CLAIMS/POTENTIAL CLAIMS. Commands shall document claims and potential claims by completing a CHP 216, Arrest – Investigation Report, and select the "GC 910" box, when the following incidents occur:

(1) An innocent party's vehicle runs over a departmental-deployed spike strip.

(2) Departmentally caused damage by push-bumper removal of a vehicle or equipment from the roadway.

(3) Departmentally caused loss or damage to a civilian's property (e.g., losing someone's driver's license or dropping and damaging someone's personal property). This does not include damage caused from departmental crashes or suspect apprehensions.

(4) Vehicle storage/impound disputes when the CHP 422B, Vehicle Storage Hearing Report, as described in Highway Patrol Manual (HPM) 81.2, Vehicle Procedures Manual, Chapter 4, Post-Storage Hearing, process does not apply.

(5) When requested by the Employee Health and Wellness Section (EHWS), Risk Management Unit, in response to a potential or an open claim.

(1) Collection of evidence such as photographs should be considered before leaving a scene (e.g., when gathering evidence for an accidental spike strip, photographing the vehicle from all sides will assist in the claim).

(2) All supporting materials regarding a claim/potential claim shall be booked into the Area evidence room. EHWS may request pertinent reports, documents and/or materials (e.g., computer-aided dispatch logs, dispatch communication

tapes, photographs, Mobile Video Audio Recording System (MVARs), body-worn camera recordings, and any other available audio/video records).

(3) Upon receipt of a claim at EHWS, an e-mail including an electronic copy of the claim will be routed to the involved command. A copy of the CHP 216 shall be sent to EHWS.

(6) To expedite the process, documents and audio/video recordings should be uploaded and transmitted to EHWS using Microsoft OneDrive. OneDrive is accessible at <https://chp2go-my.sharepoint.com>. To share the files, the employee shall:

- (1) Create a folder in Microsoft OneDrive.
- (2) Title the folder with the GCP Claim number and the name of claimant (e.g., GCP-23001645-John Doe).
- (3) Add all requested files to the folder.
- (4) Right click the folder containing the incident files.
- (5) Click "Share."
- (6) Click the "Copy Link" button.
- (7) E-mail the link to RiskManagementUnit@chp.ca.gov.

NOTE: Detailed instructions for using Microsoft OneDrive can be located on the Department's SharePoint. Commands may also contact EHWS for guidance.

3. CHP 287, CLAIMS OF \$1,000 OR LESS. The CHP 287 form should be carried by a field supervisor to expedite the claim process. The CHP 287 includes a section to identify the type and amount of loss as well as a "Release of Liability" section which **must be signed by the claimant**. Departmental employees should assist the claimant in completing the form to ensure all applicable information is included. Refer to paragraph 2 for examples which may require completion of a CHP 216.

a. A property damage claim should include two estimates for the repair/replacement of the damaged item(s) or a paid receipt.

(1) If the claimant is filing as a business, an STD 204, Payee Data Record, shall be completed and submitted with the CHP 287 to ORM. The purpose of the STD 204 is to obtain payee information for income tax reporting and to ensure compliance with federal and state law (refer to Annex A).

b. Upon receipt of the CHP 287 by a command, the CHP 287 shall be date stamped and assigned a sequential claim number in the upper right corner. The claim number will consist of the command's location code, the year, and the sequential claim number as it is received (e.g., the second South Sacramento Area CHP 287 received in 2025 would be: 252-25-002).

c. The commander shall ensure the CHP 287 is e-mailed to EHWS at RiskManagementUnit@chp.ca.gov within three business days of receipt. The command shall not delay transmitting the claim pending completion of a CHP 216 as described in this manual.

d. Pursuant to Section 911.2(a) of the Government Code, a CHP 287 must be filed within six months of the date of the alleged incident. However, pursuant to Sections 911.4 and 911.6 GC, a claim may be filed up to one year of the date of the alleged incident under certain circumstances. All late claims shall state the reason for the delay in presenting the claim. All CHP 287s received shall be routed to EHWS regardless of time frames.

e. Departmental Employee Claims of \$1,000 or Less. The procedures for the CHP 287 also apply to departmental employee claims of \$1,000 or less. However, if a departmental employee's claim is denied, the employee has the right to administrative recourse (appeal) by filing a claim with the DGS.

(1) For claims related to line of duty damage to uniforms or privately-owned safety equipment, refer to HPM 73.5, Uniform/Grooming and Equipment Standards, Chapter 12, Uniform Allowance.

4. DGS ORIM 006, CLAIMS EXCEEDING \$1,000. Departmental employees should assist the claimant by providing either a printed DGS ORIM 006 claim form or directing them to <https://www.documents.dgs.ca.gov/dgs/fmc/dgs/orim006.pdf>.

a. Pursuant to Section 911.2 GC, claims must be filed within six months of the date of the alleged incident. However, DGS may allow or reject claims based upon recommendations of the Department or, if the claimant has cause, for claims filed after six months and up to a year from the date of the alleged incident. There is a \$25 fee charged by GCP for filing a claim.

b. A claim involving complex matters of fact and law (e.g., allegations related to the use of excessive force, departmental policy on the use of force, civil rights violations, pain and suffering) are normally procedurally denied by DGS to allow claimants to proceed to file lawsuits in a court of law. A claim arising from the operation of state-owned automotive equipment is referred to DGS, Office of Risk and Insurance Management, for appropriate action.

5. GOOD SAMARITAN PROGRAM.

a. Claims Arising from Assistance to Law Enforcement or Rescuing Persons in Danger. Sections 13970 through 13974 of the Government Code provide for the indemnification of private citizens (other than a peace officer, or person whose employment includes the duty to protect the public safety, acting within the course and scope of such employment), and their dependents for any injury, death, or damage sustained while assisting law enforcement or rescuing persons in immediate danger of injury or death as a result of fire, drowning, or other catastrophe. The California Victim Compensation Board (CalVCB) has established regulations governing the circumstances under which an individual can file a claim for indemnification, as follows:

- (1) When preventing the commission of a crime against the person or property of others.
- (2) When apprehending a criminal.
- (3) When materially assisting a peace officer in the prevention of a crime or in the apprehension of a criminal.
- (4) When rescuing a person in immediate danger of injury or death as a result of fire, drowning, or another catastrophe.

b. Presenting Claim. All claims are to be filed directly with CalVCB at (800) 777-9229 or online at victims.ca.gov. The maximum award for any claim is \$10,000, plus reasonable attorney fees. Approval of the claim and determination of the amount paid is the responsibility of CalVCB.

- (1) Pursuant to Section 13972(b) GC, a corroborating statement and recommendation from the CHP command may be required for determining Good Samaritan Program eligibility. Commands may contact CalVCB to facilitate a response.

6. VICTIMS OF VIOLENT CRIMES PROGRAM.

a. Notification to Victims of Violent Crimes. The Victims of Violent Crimes Program, pursuant to Section 13962 GC, requires law enforcement agencies to inform individuals who are victims of violent crimes of the availability of indemnification through the CalVCB Victims of Violent Crimes Program.

b. Accordingly, each field office shall provide a CHP 170, Notice to Victims of Violent Crimes, to those victims involved in incidents in which the Department was the investigating agency.

c. Definitions.

(1) A crime of violence is a crime or public offense, as defined in Section 15 of the Penal Code, resulting in physical injury or death to a person. Pursuant to Section 13955 GC, acts involving the operation of motor vehicles are not crimes for the purpose of this section, except when the injury or death from such an act was for any of the following:

(a) Intentionally inflicted through use of a motor vehicle.

(b) Caused by a driver in violation of Section 20001, 23152, or 23153 of the Vehicle Code.

(c) Caused by a driver of a motor vehicle in the immediate act of fleeing the scene of a crime in which he or she knowingly and willingly participated.

(d) Caused by a person who commits vehicular manslaughter in violation of subdivision (b) of Section 191.5, subdivision (c) of Section 192, or Section 192.5 of the Penal Code.

(e) Caused by any party where a peace officer is operating a motor vehicle in an effort to apprehend a suspect and the suspect is evading, fleeing, or otherwise attempting to elude the peace officer.

(2) For the purposes of this program, a victim means:

(a) A person who sustains injury or death as a direct result of a crime.

(b) Anyone legally dependent for support upon a person who sustains injury or death as a direct result of a crime.

(c) Family members who were present during the actual commission of the crime, or any member or person whose treatment is medically required for the successful treatment of the victim.

(d) Family members who incur emotional injury as a result of the crime.

(e) Any individual who legally assumes the obligation, or who voluntarily pays medical or burial expenses incurred as a direct result of a death caused by a crime.

d. Procedures. Both California residents and nonresidents qualify for the Victims of Violent Crimes Program if the crime occurred in California. Accordingly, in each instance where it is believed by the CHP investigating officer that a person(s) may qualify under the Victims of Violent Crimes Program, a CHP 170 shall be issued to

such person(s). Commanders shall take necessary steps to ensure issuance of a CHP 170.

- (1) The CHP 170 shall be completed and delivered in person or by mail.
- (2) There is no requirement that a copy of the CHP 170 provided be retained.

NOTE: Any time an officer provides a CHP 170 they should refer to General Order 100.94, "Marsy's Law" the Victims' Bill of Rights Act 2008, and provide a Marsy's Rights Card, as required.

e. Requests for Applications. Requests for application forms for filing a claim with the Victims of Violent Crimes Program should be referred to the California Victim Compensation Board at P.O. Box 3036, Sacramento, CA 95812-3036; (800) 777-9229; or online at victims.ca.gov.

f. Release of Investigative Reports. Pursuant to Section 13954 GC, the CalVCB, Victims of Violent Crimes Unit or their local Victim of Crimes Branch Centers are authorized recipients of investigative/arrest reports relating to a crime they are evaluating for indemnification.

- (1) Upon receipt of a CalVCB information release form signed by an applicant or other authorized representative, the command shall provide the CalVCB or the victim center with the information necessary to complete their request.
- (2) Upon request, a complete copy of the investigative/arrest report prepared as a result of the incident which gave rise to the claim shall be provided, at no cost, to the CalVCB within 10 business days.
- (3) The names of witnesses or informants may be withheld if the release of those names would be detrimental to the parties or to an investigation in progress.

ANNEX A

STD 204, PAYEE DATA RECORD

<input type="button" value="Print Form"/> <input type="button" value="Reset Form"/>	
STATE OF CALIFORNIA – DEPARTMENT OF FINANCE PAYEE DATA RECORD (Required when receiving payment from the State of California in lieu of IRS W-9 or W-7) STD 204 (Rev. 03/2021)	
Section 1 – Payee Information	
NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return) Benjamin A. Smith	
BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above) Ben's Towing	
MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2) 801 King Street	
CITY, STATE, ZIP CODE Los Angeles, CA 90230	E-MAIL ADDRESS bentowed@gmail.com
Section 2 – Entity Type	
Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)	
<input checked="" type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL <input type="checkbox"/> SINGLE MEMBER LLC <i>Disregarded Entity owned by an individual</i> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	CORPORATION (see instructions on page 2) <input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (e.g., nonprofit) <input type="checkbox"/> ALL OTHERS
Section 3 – Tax Identification Number	
Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.	
<ul style="list-style-type: none"> • For Individuals, enter SSN. • If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN. • Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN. • For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN). • For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN. • For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN. 	Social Security Number (SSN) or Individual Tax Identification Number (ITIN) 0 0 0 - 0 0 - 0 0 0 0 OR Federal Employer Identification Number (FEIN) _____
Section 4 – Payee Residency Status (See instructions)	
<input type="checkbox"/> CALIFORNIA RESIDENT – Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> CALIFORNIA NONRESIDENT – Payments to nonresidents for services may be subject to state income tax withholding. <input type="checkbox"/> No services performed in California <input type="checkbox"/> Copy of Franchise Tax Board waiver of state withholding is attached.	
Section 5 – Certification	
<i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.</i>	
NAME OF AUTHORIZED PAYEE REPRESENTATIVE Benjamin A. Smith	TITLE Owner
E-MAIL ADDRESS bentowed@gmail.com	
SIGNATURE	DATE
TELEPHONE (include area code) 818-555-1212	
Section 6 – Paying State Agency	
Please return completed form to:	
STATE AGENCY/DEPARTMENT OFFICE California Highway Patrol	UNIT/SECTION Office of Risk Management
MAILING ADDRESS 601 N. 7th Street	FAX
TELEPHONE (include area code)	
CITY Sacramento	STATE CA
ZIP CODE 95811	E-MAIL ADDRESS

ANNEX A

STD 204, PAYEE DATA RECORD (continued)

STATE OF CALIFORNIA – DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)

GENERAL INSTRUCTIONS

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).
NOTE: Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

Section 1 – Payee Information

Name – Enter the name that appears on the payee’s federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity’s federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

Business Name – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

Mailing Address – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

Section 2 – Entity Type

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

Section 3 – Tax Identification Number

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Section 4 – Payee Residency Status

Are you a California resident or nonresident?

- A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.
- A partnership is considered a resident partnership if it has a permanent place of business in California.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
 - o For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov
For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov

Section 5 – Certification

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

Section 6 – Paying State Agency

This section must be completed by the state agency/department requesting the STD 204.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.