

CIVIL DIVISION
77 N. Front Street
Columbus, Ohio 43215-9013
(614) 645-7385
Fax: (614) 724-6503

CLAIMS DIVISION
77 N. Front Street
Columbus, Ohio 43215-9013
(614) 645-7385
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PROSECUTOR DIVISION
375 S. High Street
Columbus, Ohio 43215-4530
(614) 645-7483
Fax: (614) 645-8902

REAL ESTATE DIVISION
77 N. Front Street
Columbus, Ohio 43215-9013
(614) 645-7712
Fax: (614) 645-3913

Claim Information and Instructions

General Information

To open a claim with the City of Columbus for injury or property damage, please complete the Claimant Statement form in its entirety. If filing a claim for property damage, the Claimant Statement Form must be completed by the property or vehicle owner. Your completed form, along with any requested accompanying documentation (see list on page 2), should be sent to the appropriate department. It is important to note that the City will not begin an investigation until a completed claim form and all necessary accompanying documents are received. Once your claim packet is received, a thorough investigation will be conducted to determine liability. Please make certain that your claim form is signed and notarized prior to submitting it to the City.

Chapter 2744 of the Ohio Revised Code provides political subdivisions, including municipalities such as the City of Columbus, with certain immunities from liability in civil actions for injury, death, or loss to person or property allegedly caused by any act or omission of the City or its employees. However, there are exceptions to this immunity. The City may be liable for: (1) the negligent operation of a motor vehicle, unless police, fire or EMS are responding to an emergency; (2) the negligent performance of proprietary functions; (3) the negligent failure to keep public roads in repair and other negligent failure to remove obstructions from public roads; (4) the negligence of its employees within or on the grounds of, and due to physical defects within or on the grounds of, buildings that are used in connection with the performance of governmental function; or (5) when the Ohio Revised Code imposes liability.

Chapter 2744 also states that if you have insurance benefits that relate to the nature of your claim, e.g., health insurance that may cover costs of an injury or automobile insurance that may cover the damage to your vehicle, you must first utilize and exhaust those insurance benefits prior to filing a claim with the City of Columbus. As such, the amount of benefit available through insurance shall be deducted from any award against the City recovered by the claimant.

Regarding pothole related claims, in order to recover in a suit involving damage proximately caused by roadway conditions, including potholes, the party claiming damage must prove that either: (1) the City had actual or constructive notice of the pothole and failed to respond in a reasonable amount of time, or responded in a negligent manner, or (2) that the City, in a general sense, maintains its roadways negligently.

Once liability has been determined, you will receive a written response from the City department conducting the investigation as to the approval or denial of your claim. If your claim has been approved for payment, you will be required to sign a Release and Agreement and complete a W-9 before payment will be issued. If it is determined that the City is not liable for your injuries or damages, there is no formal appeal process established under the Columbus City Codes. However, you may consult with legal counsel of your choice at your expense.

Claimant Statement Form Instructions

- Complete the Claimant Statement Form providing as much detail as possible.
- The Claimant Statement Form must be signed by the claimant in the presence of a Notary Public.
- The completed and notarized Claimant Statement Form along with the required accompanying documents as outlined below should be mailed to the appropriate department per the chart below.

Attachment Checklist

- **Injury** – please provide copies of the following:
 - Medical records
 - Medical related invoices showing insurance adjustments and payments
- **Vehicle Damage** – please provide copies of the following:
 - Auto Insurance Declaration Page showing deductible amount and policy limits
 - Vehicle title, registration, and/or lease contract
 - Two written estimates for damage or one written estimate for damage if you are requesting reimbursement of your deductible only
 - Current vehicle mileage
 - Photographs of vehicle damage
- **Property Damage** – please provide copies of the following:
 - Homeowner’s or renter’s insurance policy showing deductible amount and policy limits
 - Two written estimates for damage, or the repair invoice

Once you have completed the Claimant Statement Form and collected all of the required accompanying documentation, please forward the packet to the appropriate department as outlined below:

| | | | | |
|---|--|--------------|--|--|
| Building and Zoning Services | 111 N. Front Street Columbus, Ohio 43215 | 614-645-7898 | Linda Guyton | lkuyton@columbus.gov |
| Development, Housing, Building and Code Enforcement | 111 N. Front Street Columbus, Ohio 43215 | 614-645-3897 | Scott Garver | smgarver@columbus.gov |
| Division of Fire | 3675 Parsons Avenue Columbus, Ohio 43207 | 614-645-5384 | Nikki Raver | anraver@columbus.gov |
| Police/Impound Lot | 77 N. Front Street Columbus, Ohio 43215 | 614-645-8283 | Tonya Bowles | tlbowles@columbus.gov |
| | | 614-645-7681 | Dan Herbert | dwherbert@columbus.gov |
| Public Service: Pot Holes, Refuse, Transportation, Streets, Signs, and Construction | <u>Contact311CallCenterFirst</u> 111 N. Front Street Columbus, Ohio 43215 | 614-645-3111 | 311 Call Center | You must contact the 311 Call Center and place a service request. |
| Recreation and Parks | <u>Contact311CallCenterFirst</u> 1111 E. Broad Street Columbus, Ohio 43205 | 614-645-3111 | 311 Call Center | You must contact the 311 Call Center and place a service request. |
| Public Utilities: Water, Power, Sewers and Drains | 910 Dublin Road Columbus, Ohio 43215 | 614-645-6261 | Angie Courtright Benjamin Patterson | DPUClaims@columbus.gov |

For more information on each department, see the City’s website at www.columbus.gov

Contacts

If you need further assistance, please contact the City Department that will handle your claim or one of the following Legal Investigators from the City Attorney’s Office:

Dan Herbert Legal Investigator (614) 645-7681 or dwherbert@columbus.gov

Tonya Bowles Legal Investigator (614) 645-8283 or tlbowles@columbus.gov

**City of Columbus
Claimant Statement Form**

Hours of Operation: 8am to 5pm Weekdays

| | | | |
|----------------|---------------|------------|------------|
| NAME | BIRTH DATE | HOME PHONE | CELL PHONE |
| STREET ADDRESS | CITY | STATE | ZIP |
| EMAIL ADDRESS | EMPLOYER NAME | | |

| | | | | | |
|---------------------------|----------------------------------|---|---------------------------------|---------------------|--|
| CITY DEPARTMENT INVOLVED: | | NAME OF CITY EMPLOYEE: | | | |
| TYPE OF DAMAGE: | <input type="checkbox"/> VEHICLE | <input type="checkbox"/> OTHER PROPERTY | <input type="checkbox"/> INJURY | POLICE REPORT MADE? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| POLICE REPORT NO.: | | IF NO REPORT, WHY? | | | |
| INCIDENT DATE: | INCIDENT TIME: | ADDRESS OF INCIDENT: | | | |

DETAILED DESCRIPTION OF INCIDENT

| | | |
|---------------|--------|----------|
| WITNESS NAME: | PHONE: | ADDRESS: |
| WITNESS NAME: | PHONE: | ADDRESS: |

FOR VEHICLE DAMAGE CLAIMS OR AUTOMOBILE ACCIDENTS

| | | | |
|---|---------------------------|------------------|----------|
| VEHICLE MAKE/MODEL: | YEAR: | LICENSE PLATE #: | MILEAGE: |
| OWNER'S NAME: | OWNER'S ADDRESS & PHONE: | | |
| DRIVER'S NAME: | DRIVER'S ADDRESS & PHONE: | | |
| TWO REPAIR ESTIMATES (ATTACH ESTIMATE DOCUMENTS): | | (1) \$ | (2) \$ |
| # OF PEOPLE IN YOUR VEHICLE: | PASSENGERS: | | |

FOR DAMAGE CLAIMS OTHER THAN VEHICLE DAMAGE

| |
|---|
| WHAT PROPERTY WAS DAMAGED: |
| CAUSE OF DAMAGE: |
| AGE OF DAMAGED PROPERTY: |
| REPLACEMENT, RESTORATION OR REPAIR COST (IF MORE THAN ONE ITEM, FILL OUT THE ITEMIZED PROPERTY CLAIM PAGE): |

**City of Columbus
Claimant Statement Form**

FOR PERSONAL INJURY CLAIMS

NATURE & EXTENT OF YOUR INJURY

HOSPITAL TRANSPORTED TO:

AFFIDAVIT OF INSURANCE

A copy of your auto or home owners insurance declaration page must accompany this claim packet.

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|--------------------------------------|
| HEALTH INSURANCE COMPANY: |
| AUTO INSURANCE COMPANY: |
| AUTO INSURANCE POLICY NUMBER: |
| HOME OWNERS INSURANCE COMPANY: |
| HOME OWNERS INSURANCE POLICY NUMBER: |

If uninsured, please complete the following:

I, _____, swear and affirm that I do not have the following type(s) of insurance:
 Auto Medical Home Owners Renters (check all that apply)

Alternately, I _____, swear or affirm that I/my company is self insured.

I further state that I am not entitled to receive additional reimbursement for these injuries and/or damages from any other source other than the City of Columbus and that the claim(s) arising from these injuries and/or damages are a direct result of this incident.

The Ohio Revised Code, Section 2744.05 outlines limitations of damages awarded for claims against political subdivisions. If a claimant receives or is entitled to receive benefits from insurance policy or policies, that amount will be deducted from any award the political subdivision may consider paying. This includes Medicaid, Medicare and auto policies. You must file a claim with your insurance company prior to filing a claim with the City of Columbus.

CLAIMANT'S SIGNATURE _____ DATE _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC

City of Columbus
Claimant Statement Form
Itemized Property Claim Form

| Property Description (Including brand name and serial #) | Quantity | Date Purchased or Age | Purchase Price | Replacement, Restoration or Repair cost |
|---|----------|--------------------------|----------------|---|
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