City of Cleveland

CITY OF CLEVELAND
Mayor Justin M. Bibb

Department of Law
601 Lakeside Avenue, Room 106
Mark Griffin, Chief Legal Counsel
Cleveland, Ohio 44114-1077
216/664-2800 – Fax: 216/664-2663
www.clevelandohio.gov

Claims Instructions

Dear Claimant:

Please find enclosed a City of Cleveland Claim form**.** Please complete and sign the form, and **return it to the City of Cleveland Department of Law, Claims Section.** It is important to note that the Claims Section cannot begin an active investigation into your claim(s) until this form is completed and received by the Claims Section.

Method of submission:

1. **Email your claim form and documents to tbutler3@clevelandohio.gov**
   -Word or PDF format is preferred.
   -Please do not send screenshots from your phone
   -Email is the preferred method of submission and will make processing of your claim faster;
2. If you have no means to submit electronically, please fax to 216-664-2663;
3. Or by mail (least preferred method): 601 Lakeside Avenue, Room 106, and Cleveland, Ohio 44114**. Attn: T.Butler**

If a portion of the form does not apply to your particular situation, please write not applicable, or N/A. **To adequately investigate your claim, it is essential that you accurately provide the time, date and exact location and description of the incident.**

If your claim involves automobile damages, you will need to submit the following documentation below:

1. A copy of your automobile title, registration or lease contract is mandatory; no auto claim will be processed without including this information.
2. Insurance coverage information, including a copy of the declarations page, is mandatory for both full and liability coverage.
3. Include two (2) estimates of costs of repair or an itemized repair bill.

4. If you are claiming tire damage, the age of the tire and tire tread measurement are mandatory. Tire tread measurements can be obtained from most service stations.
5. Police report or incident report, if applicable, is very helpful.
6. Photographs of the damages to your vehicle or tire(s) and of the alleged defect that caused your damages are very helpful.
7. Any witness statements are optional.

If your claim involves personal injury, please include the following:

1. For '**Trip and Fall'** accidents you **must** include the nearest address of where you fell. ***No claim will be processed without this information***.
2. Copies of all medical reports including: doctor bills, hospital bills and pharmacy receipts.

If your claim concerns property damage other than automobile, you will need to submit the documentation below:

1. A copy of homeowner's or property insurance policy, including proof of the deductible amount.
2. A separate itemized list(s) of property damages.
3. Include a description of each item on the list, including brand name, serial number, quantity lost, purchase date or age of the item and purchase price.
4. Attach all bills, receipts, and estimates concerning the described property.
5. If your claim is for property damage to your business, please submit proof of business ownership and/or lease rights and responsibilities.
6. Any photographs of either damaged property or what allegedly caused it.

Note: Where an insurance policy is applicable, it is important to note that an individual must use their own insurance policy to cover their damages. *A municipality, such as the City of Cleveland, may reimburse the deductible; however, we are not required to pay for damages that could possibly be paid by an insurance company. (See Ohio Revised Code Section 2744.05).*

Remember, your claim cannot be processed until the Claims Section receives a completed claim form. **Claims processing can take up to 90 days or more. You will be contacted in writing as soon as your claim has been investigated and fully processed.**

Sincerely,

Claims Examiner
City Of Cleveland

CITY OF CLEVELAND
Mayor Justin M. Bibb

Claim Form

City of Cleveland

Department of Law

Claims Section
601 Lakeside Ave., Rm 106
Cleveland, Ohio 44114-1077

Phone: 216.664.2800 - Fax: 216.664.2663

If a portion does not apply to you, enter "not applicable" or N/A. Information can be computer-filled, or you can print out the form and hand-fill it. Send completed form with required documents to the address above. Completed claims package can also be faxed to 216.664.2663 or sent electronically to generalclaims@clevelandohio.gov

NAME		BIRTH DATE	HOME PHONE		WORK PHONE
STREET ADDRESS		CITY		STATE	ZIP
EMAIL ADDRESS		EMPLOYER NAME			
INCIDENT DATE	INCIDENT TIME	ADDRESS OF INCIDENT			
DESCRIBE IN YOUR OWN WORDS WHAT HAPPENED					
Police Report Made? ☐ NO ☐ YES If yes, where?					
WITNESS NAME	WITNESS ADDRESS				
WITNESS NAME	WITNESS ADDRESS				
WITNESS NAME	WITNESS ADDRESS				

FOR CLAIMS CONCERNING VEHICLE DAMAGE OR AN AUTOMOBILE ACCIDENT

VEHICLE MAKE	YEAR	TYPE	LICENSE NO.
OWNER'S NAME	OWNER'S ADDRESS		
DRIVER'S NAME	DRIVER'S ADDRESS		
Were you or anyone else injured? ☐ NO ☐ YES If yes, complete Personal Injury section			# People in Car:
NAME OF INJURED PERSON 1	ADDRESS		
NAME OF INJURED PERSON 2	ADDRESS		
NAME OF OTHER VEHICLE OCCUPANT 1	ADDRESS		
NAME OF OTHER VEHICLE OCCUPANT 2	ADDRESS		
AUTO INSURANCE COMPANY NAME	MEDICAL INSURANCE COMPANY NAME		
ESTIMATED REPAIR COST	DEDUCTIBLE AMOUNT	DESCRIBE DAMAGE TO VEHICLE	

FOR CLAIMS CONCERNING PERSONAL INJURY

YOUR MARITAL STATUS AT THE TIME OF THE ACCIDENT: IF MARRIED AT THE TIME OF THE ACCIDENT, NAME OF THAT SPOUSE: YOUR CURRENT MARITAL STATUS: NAME OF YOUR CURRENT SPOUSE:
NATURE AND EXTENT OF YOUR INJURY

ATTENDING PHYSICIAN NAME	ATTENDING PHYSICIAN ADDRESS
TOTAL MEDICAL EXPENSES TO DATE	

TOTAL MEDICAL EXPENSES TO DATE $	AMOUNT PAID BY INSURANCE $	AMOUNT PAID BY YOU $	AMOUNT OF WAGES LOST $

HEALTH INSURANCE COMPANY NAME	DEDUCTIBLE AMOUNT	NAME OF HOSPITAL TRANSPORTED TO

LIST AND EXPLAIN ANY PHYSICAL DISABILITY
PROVIDE DATE AND NATURE OF ANY PRIOR INJURIES

FOR CLAIMS CONCERNING PROPERTY DAMAGE OTHER THAN AUTOMOBILE

CAUSE OF DAMAGE	NAME OF CITY EMPLOYEE CONTACTED	DATE
NAME OF PROPERTY INSURANCE COMPANY		DEDUCTIBLE AMOUNT

I hereby attest that the above information is true to the best of my knowledge and belief:

Signature_____ Date _____

ATTACHMENTS CHECKLIST

If claiming vehicle damage:
Declaration Page of car insurance policy showing deductible; copy of title, registration or lease contract; two written estimates; police report, if applicable, and photographs of vehicle damage (helpful but not mandatory); and witness statements, which are optional. If you are claiming tire damage, the age of the tire and tire tread measurements are mandatory. Tire tread measurements can be obtained from most service stations.

If claiming personal injury:
Letter from employer outlining total amount of wage loss; copies of all medical reports including doctor bills, hospital bills and pharmacy receipts; and witness statements (optional)

If claiming other property Damage:
A copy of homeowner's or property insurance policy; including proof of the deductible amount; a separate itemized list(s) of property damages with description of each item on the list, including brand name, serial number, quantity lost, purchase date or age of the item and purchase price; bills, receipts, and estimates concerning the described property; photographs of either damaged property or what allegedly caused it; and witness statements (optional). If claim is for business property damage, submit proof of business ownership and/or lease rights and responsibilities.

Claim No.

ITEMIZED PROPERTY DAMAGE CLAIM FORM

All bills, receipts, and itemized estimates must be attached.

PROPERTY DESCRIPTION (Including brand name and serial #)	QUANTITY	DATE BOUGHT OR AGE	PURCHASE PRICE	REPLACEMENT, RESTORATION OR REPAIR COST