



CITY OF SPRINGFIELD, OHIO
Vehicle Damage Claim Statement Form

NAME	BIRTH DATE	HOME PHONE	CELL PHONE
STREET ADDRESS	CITY	STATE	ZIPCODE
EMAIL ADDRESS	EMPLOYER NAME		

VEHICLE MAKE/MODEL	YEAR	LICENSE PLATE #	MILEAGE
OWNER'S NAME:	OWNER'S ADDRESS AND TELEPHONE:		
DRIVER'S NAME:	DRIVER'S ADDRESS AND TELEPHONE:		
# OF PEOPLE IN VEHICLE:	PASSENGER NAMES:		
COST FOR REPAIR ESTIMATE 1 (Attach a copy):		COST FOR REPAIR ESTIMATE 2 (Attach a copy):	

DESCRIPTION OF INCIDENT

If you have photos of the damage that resulted, please attach them to this form.

INCIDENT DATE:	INCIDENT TIME:	INCIDENT LOCATION:
CITY DEPARTMENT INVOLVED, IF ANY:		NAME OF CITY EMPLOYEE INVOLVED, IF ANY:
POLICE REPORT MADE? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	POLICE REPORT #:	If no, why?

DESCRIPTION: (Please be as specific as possible in your description. Include as much detail as possible, such as how fast you were going, in what lane, etc. If you require more space, please attach a separate sheet.)

AFFIDAVIT OF INSURANCE

If uninsured, please complete the following:

I, _____, swear or affirm that I do not have Auto insurance. Alternatively, I swear or affirm that I/my company is self-insured.

UNINSURED CLAIMANT SIGNATURE: _____ DATE: _____

If insured, please complete the following:

AUTO INSURANCE COMPANY:	AUTO INSURANCE POLICY NUMBER:
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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 insurance policies.

****You MUST file a claim with your insurance company prior to filing a claim with the City of Springfield. Documentation of filing of a claim with your insurance company must be attached to this Claim Packet. You must also submit a copy of your Auto Insurance Declarations Page with this Claim Packet.****

FURTHERMORE, WITH RESPECT TO ANY DAMAGES ALLEGED IN THIS CLAIM PACKET, CLAIMANT MUST BE MADE AWARE THAT, BY STATUTE, THE CITY OF SPRINGFIELD, OHIO MAINTAINS SIGNIFICANT IMMUNITY FROM LIABILITY FOR DAMAGES OF THIS NATURE. OHIO REVISED CODE SECTION 2744.05 ADDRESSES THESE IMMUNITIES. IN SHORT, CLAIMANT MUST PROVE THAT THE CITY OF SPRINGFIELD WAS NEGLIGENT OR RECKLESS IN THEIR ACTIONS. IF THE CLAIMANT CANNOT PROVE, THROUGH THIS CLAIM PACKET, NOR THE CITY CAN FIND RECORDS INDICATING NEGLIGENCE OR RECKLESS BEHAVIOUR, THE CITY WILL MAINTAIN IMMUNITY AND WILL BE UNABLE TO PAY THE REQUESTED CLAIM.

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

I, _____, attest that by signing below, I have read and understand the requirements for submission of a claim to the City of Springfield.

CLAIMANTS SIGNATURE: _____ **DATE:** _____

Send completed form with supporting documentation to law@springfieldohio.gov

- Completed Claim Form Photos of Damage Two Estimates Completed W9 Form
 Insurance Declarations Page Documentation a Claim has been filed with Insurance