

# CITY OF DAYTON - CLAIM STATEMENT FORM

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

**A. GIVE A DETAILED DESCRIPTION OF THE INCIDENT:**

Date/time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

City of Dayton Department Involved: (if known) \_\_\_\_\_

Police Report Made? Yes No (circle one) Police Report No.: \_\_\_\_\_ If no report, why? \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. WITNESSES:**

◆ Please identify all witness to the incident, if any, by name, address and telephone number (if known).

\_\_\_\_\_

\_\_\_\_\_

**C. FOR PERSONAL INJURY CLAIMS:**

◆ Please submit copies of all medical records and bills associated with the personal injuries you sustained.

**NATURE AND EXTENT OF INJURIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ AMOUNT SOUGHT: \$ \_\_\_\_\_

Hospital transported to: \_\_\_\_\_

**D. FOR VEHICLE DAMAGE CLAIMS OR AUTOMOBILE ACCIDENTS:**

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate # \_\_\_\_\_

Mileage: \_\_\_\_\_ Two Repair Estimates (attach documentation) 1. \$ \_\_\_\_\_ 2. \$ \_\_\_\_\_

If claiming tire damage, provide age of tires: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Address & Phone: \_\_\_\_\_

Number of people in vehicle: \_\_\_\_\_ Passengers' Names: \_\_\_\_\_

**E. FOR OTHER PROPERTY DAMAGE CLAIMS:**

What property was damaged: \_\_\_\_\_

Cause of damage: \_\_\_\_\_

Age of damaged property: \_\_\_\_\_

Replacement, restoration, or repair cost (if more than one item, fill out attached itemized property claim page):

**F. AFFIDAVIT OF INSURANCE:**

A copy of your auto or homeowner's insurance declaration page must accompany this claim packet.

Health Insurance Company:	
Auto Insurance Company:	
Auto Insurance Policy Number:	
Homeowner's Insurance Company:	
Homeowner's Insurance Policy Number:	

- ◆ Did you have any other source (i.e., sick leave, etc.) from which you are entitled to benefits for the injuries/damages you listed above? (Yes/No) \_\_\_\_\_ If so, please specify \_\_\_\_\_
- ◆ Did you submit an insurance claim? (Yes/No) \_\_\_\_\_

If uninsured, please complete the following:

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

Alternately, I \_\_\_\_\_, swear and 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 Dayton 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 Dayton.

**MAKING A FALSE STATEMENT INVOLVING ANY OF THE SECTIONS ABOVE MAY SUBJECT THE INDIVIDUAL TO CRIMINAL PROSECUTION FOR VIOLATION OF CITY ORDINANCE R.C.G.O. 134.02 (FALSIFICATION). PENALTY: UP TO SIX (6) MONTHS IN JAIL AND A \$1,000.00 FINE. I HEREBY CERTIFY THAT THE STATEMENTS AND ASSERTIONS I HAVE MADE ABOVE ARE TRUE AND ACCURATE.**

CLAIMANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

\_\_\_\_\_  
NOTARY PUBLIC

**WHEN COMPLETED, PLEASE RETURN TO: CITY OF DAYTON - LAW DEPARTMENT,  
101 W. THIRD STREET, P.O. BOX 22, DAYTON, OH 45401**

