ZACH KLEIN
COLUMBUS CITY ATTORNEY

CLAIMS SECTION
77 N. Front Street Columbus, Ohio 43215-9013
(614) 645-7385
Fax: (614) 724-6503
https://www.columbus.gov/Government/Columbus-City-Attorney

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 or vehicle damage, the Claimant Statement Form must be completed by the property or vehicle owner. This form is used by all City Departments. Your completed form, along with any requested accompanying documentation (see attachment list below), should be sent to the appropriate City department (see Department chart below for that contact information). 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, an investigation will be conducted to determine liability. Please make certain that your claim form is signed prior to submitting it to the City.

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.
- The completed 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 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 (required by the City Auditor for all payments) before payment is issued.

If it is determined that the City is not liable for your injuries or damages you will be notified. Note that there is no formal appeal process established under the Columbus City Codes for a denied claim. However, you may consult with legal counsel of your choice at your expense.

Immunity and Reduced Liability:

Cities and other political subdivisions of the State of Ohio are granted some immunities by Chapter 2744 of the Ohio Revised Code. Generally, they are not liable in damages in a civil action for injury, death, or loss to person or property allegedly caused by any act or omission of the City or its employees. There are some exceptions where the City may be liable including: the negligent operation of a motor vehicle (except for police, fire, or EMS employees who are responding to an emergency); the negligent performance of proprietary functions; the negligent failure to keep public roads in repair and negligent failure to remove obstructions; the negligence of its employees within or on the grounds of, and due to physical defects within or on the grounds of, buildings; or when the Ohio Revised Code imposes liability.

If the City determines that it is liable, the Ohio Revised Code limits the amount of money the City may pay in damages. Ohio Revised Code Section 2744.05 states: "If a claimant receives or is entitled to receive benefits for injuries or loss allegedly incurred from a policy or policies of insurance or any other source…the amount of the benefits shall be deducted from any award against a political subdivision recovered by that claimant." Therefore, any amount of money you received, or are entitled to receive, from sources such as insurance, is deducted from the amount owed to you by the City. The City would then only be responsible for the remaining out of pocket amounts, such as your deductible.

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

Department	Address	Investigator	Phone	
Building & Zoning Services: Code Enforcement	111 N. Front Street Columbus, Ohio 43215	Cara Flannery	614-645-7898	ctflannery@columbus.gov
Development: Housing, Land Redevelopment	111 N. Front Street Columbus, OH 43215	Scott Garver	614-645-3897	smgarver@columbus.gov
Public Safety: Division of Fire, Police, Impound Lot	77 N. Front St. Columbus. OH 43215	Daniel Herbert Tonya Bowles	614-645-7681 614-645-8283	dwherbert@columbus.gov tlbowles@columbus.gov
Public Service: Potholes*, Refuse, Streets, Traffic Signs and Signals	**Contact 311 Call Center First** 111 N. Front Street Columbus, OH 43215	311 Call Center	614-645-3111 Questions and Follow up – 614-645-2408	**You must contact the 311 Call Center and place a service request.** Then an Information packet including a Claim Form will be mailed to you. PublicServiceClaims@columbus.gov
Recreation and Parks; City Owned Trees	**Contact 311 Call Center First** 1111 E. Broad Street Columbus, OH 43205	311 Call Center	614-645-3111 Questions and Follow up - 614-645-2828	**You must contact the 311 Call Center and place a service request.** Questions and Follow-up: recparksclaims@columbus.gov
Columbus Water & Power: Water, Power, and Sewer	37 W. Broad Street Columbus, OH 43215	Angie Courtright Ben Patterson	614-645-6261	CWPClaims@columbus.gov

* **Regarding pothole and other road condition related claims**, in order to recover the party claiming damage must prove that either: 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 that the City, in a general sense, maintains its roadways negligently.

For Insurance Companies seeking Subrogation:
Ohio Revised Code Section 2744.05 states that: "No insurer or other person is entitled to bring an action under a subrogation provision of insurance or other contract against a political subdivision with respect to those benefits."

If you need further assistance, please contact the City Department that will handle your claim or, if unsure which department would/is investigating your claim, 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

NAME	BIRTH DATE	PHONE	
STREET ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			

CITY DEPARTMENT INVOLVED:		NAME OF CITY EMPLOYEE:
TYPE OF DAMAGE: ☐ VEHICLE ☐ /OTHER PROPERTY ☐ /INJURY		POLICE REPORT MADE? YES 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

Property Description (Including brand name)	Quantity	Date Purchased or Age	Purchase Price	Replacement, Repair, or Restoration cost

City of Columbus
Claimant Statement Form

FOR PERSONAL INJURY CLAIMS

NATURE & EXTENT OF YOUR INJURY

_____

_____

_____

_____

HOSPITAL TRANSPORTED TO:

INSURANCE INFORMATION

For your claim, fill out the related insurance information. Write "none" if you do not have the related insurance. If you have insurance include a copy of your insurance declaration page with the claim packet.

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

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 an insurance policy or policies, that amount will be deducted from any award the political subdivision may consider paying. This includes Medicaid, Medicare and automobile insurance policies. You must file a claim with your insurance company prior to filing a claim with the City of Columbus.

CLAIMANT'S SIGNATURE _____ DATE _____