



City of Columbus
Mayor Michael B. Coleman

Department of Public Utilities

INSTRUCTIONS ON FILING A CLAIM WITH THE DEPARTMENT OF PUBLIC UTILITIES

*Please find enclosed our claims package and instructions on filing a claim with the City of Columbus; please read the instructions carefully, incomplete claims will automatically be rejected. The claimant needs to submit a statement describing the accident and/or injury for which he is filing a claim. Please remember that the claimant's statement **must** be notarized. In addition, Ohio Revised Code 2744.05 requires that anyone filing a claim against a municipality first file for, and exhaust, any insurance coverage that may be available to them such as Health (personal or employment), Auto, Workers Compensation, Medicare or Medicaid. If the claimant does not have insurance, the affidavit enclosed **must** be completed. **Return completed claim package to:***

CITY OF COLUMBUS
DEPARTMENT OF PUBLIC UTILITIES
CLAIMS SECTION
910 DUBLIN ROAD, 3rd FL.
COLUMBUS, OH 43215

Should you have any questions, please call the Claims Section at (614) 645-6261.

Thank you,

Department of Public Utilities
Claims Section

Utilities complex	910 Dublin Road	Columbus, Ohio 43215
Directors Office	614\645-6141	FAX: 614\645-8019 TDD: 614\645-6454
Sewerage and Drainage Division	614\645-7175	FAX: 614\645-3801 TDD: 614\645-6338
Water Division	614\645-7020	FAX: 614\645-8177 TDD: 614\645-7188
Electricity Division	3500 Indianola Avenue	Columbus, Ohio 43214
	614\645-8371	FAX: 614\645-7830 TDD: 614\645-6454

The City of Columbus is an Equal Opportunity Employer

CIVIL DIVISION
 90 W. Broad Street
 Columbus, Ohio 43215-9013
 614-645-7385
 Fax: 614-724-6503



RICHARD C. PFEIFFER, JR.
 CITY ATTORNEY
 COLUMBUS, OHIO

PROSECUTOR DIVISION
 375 S. High Street
 Columbus, Ohio 43215-4530
 614-645-7483
 Fax: 614-645-8902

CLAIMS DIVISION
 90 W. Broad Street
 Columbus, Ohio 43215-9013
 614-645-7717
 Fax: 614-645-2291

REAL ESTATE DIVISION
 109 N. Front Street
 Columbus, Ohio
 614-645-7712
 Fax: 614-645-3913

If you wish to file a claim against the City of Columbus, please consider the following information.

Ohio Revised Code (Chapter 2744) defines the method of handling claims against political subdivisions. Under Ohio Law, political subdivisions are not liable in many cases. However, the City can be liable for claims involving motor vehicle accidents (except for emergency runs) problems with streets, public buildings and grounds, and some propriety functions. The law of sovereign immunity is complicated. If you are not sure whether the City is liable for your injury or damage, please submit your information to the City Attorney's Office or the Department in question.

Even if the City of Columbus is liable for your injury or damage, *Ohio Revised Code Section 2744.05* defines limitations on damages awarded. If a claimant receives or is entitled to receive benefits (for injuries or loss allegedly incurred) from a policy or policies of insurance, that amount will be deducted from any award the political subdivision may consider paying. This means that even if the City is at fault, ***you must file a claim with your own insurance company first*** for property damage or medical injury before you file with the City. The City would then be responsible for such items as your deductible.

Ohio Revised Code, 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 wish to file a claim against the City of Columbus for property damage or personal injury, please follow this procedure:

- 1) Submit a claim to your own insurance company. **This is necessary under Ohio Law.** (If damage is less than deductible, there is no need to submit to insurance). Deductible page is still required when filing the claim.
- 2) You should submit your claim directly to the City Division / Department involved. See Department / Division claims office phone list and E-mail addresses below.

Development Housing, Building, & Neighborhood Services	614-645-6130	Chris Swauger	ciswauger@columbus.gov
Fire	614-645-5384	Marilyn Sells	msells@columbus.gov
Police/ Impound Lot	614-645-7681	Nicole Mullane	nmmullane@columbus.gov

Pot Holes (Reporting Only)	614-645-3111	Call Center	
Recreation and Parks	614-645-7539	Kate Daugherty	kmdaugherty@columbus.gov
Refuse, Transportation / Streets	614-645-6382	Gregory Carr	gmcarr@columbus.gov
Water, Power, Sewers and Drains	614-645-6261	Angie Courtright	amcourtright@columbus.gov
		Shelly Seniuk	slseniuk@columbus.gov

The Division/Department involved will do a preliminary investigation. If the Division/Department feel your claim has some merit, they will either process your payment or, it will be referred to the City Attorney's office for further investigation. If the Division/Department involved and the City Attorney's office agree that the City will accept liability, the City Attorney's office will contact you; acknowledge the claim, and make settlement arrangements. If your claim is denied, the Division/Department will contact you with a denial to your claim. If you are not satisfied with the denial, your recourse is to file a lawsuit against the City. There is no established appeal process for the denial of claims.

3) Your claim should include:

A) Information indicating the filing of a claim with your insurance company including the amount of the claim, name of the insurance company, and adjuster, and the amount paid by the insurance company. Also, provide evidence as to the amount of your deductible by sending a copy of the declarations page of your policy.

B) A written, notarized statement supporting the claim for which you are seeking recovery, including date, location, persons and property involved.

C) Documentation of your claim:

- a) Certificate of Title showing ownership of the vehicle.
- b) If medical expenses are being claimed you will need to send copies of the bills to us after they have been submitted to your health insurance company or your automobile insurance company (under the medical portion of your policy) detailing what was covered by your insurance and how much the outstanding balance is.
- c) If property damage is a vehicle, send a copy of the declaration page (showing the deductible amount and your total coverage) from your insurance company. If you only have liability insurance coverage you will need to submit (2) repair estimates with your claim.
- d) Evidence of any other amounts you are claiming. (Include all receipts).
- e) Names of persons you have communicated with regarding this claim.

D) If you do not have medical, vehicle, or property damage insurance, you **must** fill out, and have notarized, an affidavit form stating that you do not have coverage.

Once complete information on a claim is received, an investigation will begin to determine if the City is liable. All of the above information is necessary to start the investigation.

Please submit insurance information and your statement of the claim immediately. A written statement for the total amount of the claim must be provided.

If the City is liable, the City will write you a check, not an insurance company. That process may take 4 to 6 weeks. You will be asked to sign a Release and Agreement and a W-9 form, and return them to the City Attorney's Office, Claims Division.

Hopefully, this has answered all of your questions; however, if you still need assistance, you can call the City Attorney's office and speak to one of the legal investigators listed below.

Leslie Chappellear	Legal Investigator	(614) 645-7984
Ashiko Hudson	Legal Investigator	(614) 645-8603

CITY OF COLUMBUS DEPT. OF PUBLIC UTILITIES

CLAIMS SECTION

910 Dublin Road
Columbus, Ohio 43215

PERSONAL INJURY CLAIMANT STATEMENT

PLEASE PRINT

Claimant's Name: _____ S.S.# _____

Address: Street _____ City / Zip _____

Phone: (Work) _____ (Home) _____

Date of Incident: _____ Time of Incident: _____ am/pm

Police Report Taken: Yes No If no, Why: _____

Witness(es) (if available)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Accident Location: _____

Claimants Statement: (Be Specific. Use Reverse Side if Necessary)

Claimant's Signature: _____ Date: _____

STATE OF OHIO,
COUNTY OF FRANKLIN, SS:

SWORN TO BEFORE ME and subscribed in my presence the _____ day of

_____, _____ 20__

NOTARY
PUBLIC, STATE OF OHIO

CITY OF COLUMBUS DEPT. OF PUBLIC UTILITIES

CLAIMS SECTION

910 Dublin Road
Columbus, Ohio 43215

VEHICLE DAMAGE CLAIMANT STATEMENT

PLEASE PRINT

Claimants Name: _____ S.S. # _____

Address: _____

Phone: (Day) _____ (Home) _____

Date of Incident: _____ (Time) _____ am/pm

Police Report: Yes No **If No, Why?** _____

Accident Location: _____

Two (2) Repair Estimates: \$ _____ \$ _____

Witness(es) (if available)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Claimants Statement: *(use reverse side if necessary, be specific and include as much information as possible):* _____

Claimants Signature: _____ Date: _____

STATE OF OHIO,
COUNTY OF FRANKLIN, SS:

SWORN TO BEFORE ME and subscribed in my presence the _____ day of

_____, _____ 20__

NOTARY
PUBLIC, STATE OF OHIO

AFFIDAVIT

STATE OF OHIO

COUNTY OF FRANKLIN

I, _____, do state that I reside at _____

_____ and swear and affirm that I have

NO Medical Auto Home Owners Renters Self Insured

(mark all that apply)

NOTE* Auto insurance policies have medical coverage limits if you have an injury that is a result of an auto accident and the auto policy has medical coverage, you must submit to the insurance company.

Insurance coverage that will pay all or part of the personal injuries and/or damages that are the subject of this claim. The date of my injuries and/or damages were on the

_____ Day of _____ 20____, and are

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 claims arising from these injuries and/or damages are a result of this incident.

SWORN TO BEFORE ME and subscribed in my presence this _____ day of

_____, 20 ____.

NOTARY PUBLIC, STATE OF OHIO