

City of Hilliard, Ohio Claims Process

Enclosed is a Claim form that must be completed if you desire to file a claim against the City of Hilliard. Before completing the form, please consider the following information.

Chapter 2744 of the Ohio Revised Code defines the method for handling claims against political subdivisions. Under Ohio law, municipalities are afforded a certain level of immunity and are not liable in many types of cases. However, this area of the law can be complicated. If you are not sure whether the City is liable for your claim please submit the required information so that a determination can be made.

If the City of Hilliard is liable for your claim, the law defines limitations on damages that can be awarded. If a claimant receives, or is entitled to receive, benefits from a policy or policies of insurance, that benefit is deducted from any monetary award received from a political subdivision by the claimant. This means that even if the City is liable, you must file a claim with your own insurance company for property damage (such as to your vehicle) and/or for medical expenses. The City would then be responsible for reimbursement of uncovered items such as your deductible. If your claim is less than your deductible, the City will compensate you for the amount of the claim if it is determined that the City is legally liable for your claim.

Also, under Ohio law, no insurer or other person is entitled to bring an action under a subrogation provision in insurance or other contract, against a political subdivision with respect to such benefits.

Even if your claim is less than your deductible, or you do not desire to file a claim with your insurance provider, you **must** still include a copy of your Declaration of Insurance with your claim form. Claim forms submitted that do not provide all information required will not be processed and investigated until such information is received. We endeavor to investigate and respond to claims in a timely manner. However, depending on the nature of the claim, it may take anywhere from a couple of days to a couple of weeks to fully process your claim.

Thank you.

CITY OF HILLIARD - CLAIM STATEMENT FORM

TODAY'S DATE ____ / ____ / ____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

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INSTRUCTIONS: YOUR CLAIM CANNOT BE PROCESSED WITHOUT COMPLETION OF THE SECTIONS BELOW. PLEASE PRINT ALL INFORMATION LEGIBLY. IF ADDITIONAL SPACE IS NEEDED, YOU MAY ATTACH ADDITIONAL SHEETS. THE MORE DETAILED AND COMPLETE YOUR RESPONSES TO THE FOLLOWING QUESTIONS, THE MORE EFFICIENTLY THE CITY OF HILLIARD WILL BE ABLE TO PROCESS AND EVALUATE YOUR CLAIM. PLEASE REMEMBER TO ATTACH COPIES OF YOUR REPAIR ESTIMATES, HEALTH AND/OR AUTOMOBILE INSURANCE DECLARATION PAGE, COPY OF YOUR AUTOMOBILE TITLE, AND MEDICAL RECORDS/BILLS, IF APPLICABLE.
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A. GIVE A DETAILED DESCRIPTION OF THE INCIDENT:

Date/time of Incident: _____ Location of Incident: _____

DESCRIPTION: _____

B. WITNESSES:

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

C. LIST ALL PERSONAL INJURIES ARISING FROM THE INCIDENT:

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

INJURIES: _____

_____ AMOUNT SOUGHT: \$ _____

D. LIST ALL ECONOMIC DAMAGES, INCLUDING PROPERTY DAMAGE(S), ARISING FROM THE INCIDENT:

- ◆ Please identify each item, the cost of each item at the time of purchase and the cost of repair or replacement, and indicate whether the damage has been repaired. Attach photographs of the damaged property, if available, and submit TWO (2) repair estimates. If a MOTOR VEHICLE was damaged, you must attach a copy of the title to the vehicle.

DAMAGES: _____

AMOUNT SOUGHT: \$ _____

E. INSURANCE COVERAGE: If you had insurance (auto, health or home) in effect at the time of the incident, please indicate the date you filed a claim with your carrier: _____

F. If you are claiming damage to your motor vehicle, you MUST submit a copy of your automobile insurance declaration page. If you are claiming personal injuries, you MUST submit a copy of your health insurance declaration page. If you are claiming property damage, you MUST submit a copy of your homeowner's declaration page. **If you do not have insurance, please check here:** _____.

- ◆ 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 _____

G. ADDITIONAL COMMENTS:

MAKING A FALSE STATEMENT INVOLVING ANY OF THE SECTIONS ABOVE MAY SUBJECT THE INDIVIDUAL TO CRIMINAL PROSECUTION FOR VIOLATION OF CITY ORDINANCE 525.02 (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.

SIGNATURE OF CLAIMANT (MUST BE NOTARIZED)

Sworn to and subscribed in my presence this _____ day of _____, _____.

(SEAL)

Notary Public

**WHEN COMPLETED, PLEASE RETURN TO: CITY OF HILLIARD - LAW DEPARTMENT,
3800 MUNICIPAL WAY, HILLIARD, OHIO 43026**