



**City of Cleveland**  
**Frank G. Jackson, Mayor**

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Department of Law  
Robert J. Triozzi, Director  
601 Lakeside Avenue, Room 106  
Cleveland, Ohio 44114-1077  
216/664-2800 – Fax: 216/664-2663  
www.cleveland.oh.gov

March 31, 2009

**Claimant**

Re: **Utility Claim Instructions**

Dear Claimant:

Enclosed please find a claim form for you to complete, sign, and return to the Claims Section of the City of Cleveland, Department of Law. We cannot begin an active investigation into your claim until the completed claim form and requested documentation are received by us.

If a portion of the form does not apply to your particular situation, please mark not applicable, i.e., N/A. It is important that you provide the time, date, and exact address of the incident so that we may accurately investigate your claim.

**DAMAGE TO AN AUTOMOBILE.** If your claim involves damage to an automobile, you must submit the following documentation:

1. A copy of your automobile title is mandatory; no auto claim will be processed without this.
2. Insurance coverage information, including a copy of the declarations page, is mandatory.
3. Two (2) estimates of cost for repair, or an itemized repair bills are mandatory.
4. If you are claiming tire damage, the age of the tire and tire tread measurement are mandatory. Tire tread measurements can be obtained from most service stations.
5. A police report or incident report, if applicable, is very helpful.
6. Photographs of the damages to your vehicle or tire(s) and of the alleged defect that caused your damages are very helpful.
7. Any witness statements are very helpful.

**CLAIM FOR PERSONAL INJURY.** If your claim involves personal injury, please include:

1. Items 2, 5, and 7 above. Regarding item 2, please include automobile insurance, medical insurance, homeowner's insurance, and/or property insurance information, as applicable, including information regarding the deductible.
2. Copies of all medical reports, bills, and receipts, including those for doctors, hospitals, and pharmacies.
3. Any photographs of what allegedly caused the injury.

**PROPERTY DAMAGE OTHER THAN AUTOMOBILE DAMAGE.** If your claim involves property damage other than automobile damage, please submit the following:

1. A copy of homeowner's or property insurance policy, including proof of the deductible amount.
2. A separate itemized list(s) of property damages.
3. A description of each item on the list, including brand name, serial number, quantity, date of purchase or age, purchase price.
4. Attach all bills, receipts, and estimates concerning the described property.
5. If your claim is for property damage to your business, please submit proof of business ownership and/or lease rights and responsibilities.
6. Any photographs of either damaged property or what allegedly caused it.

Please mail or deliver all the needed papers and your completed claim form to:

The City of Cleveland Department of Law  
Claims Section-Attention C. Lis  
601 Lakeside Avenue, Room 106  
Cleveland, Ohio 44114-1077.

**Note:** Where there is insurance, individuals must use their own insurance policy to cover damages. A municipality, such as the City of Cleveland, may reimburse the deductible; however, the City is not required to pay for damages that could possibly be paid by an insurance company. (See Ohio Revised Code Section 2744.05).

The standard claims process may take up to twelve (12) weeks to complete. The process includes researching information, gathering and reviewing documentation, taking witness statements, and making a decision. You will be advised of the City's decision in writing.

You may e-mail the claim form with scanned documents attached to [clis@city.cleveland.oh.us](mailto:clis@city.cleveland.oh.us).

Remember, your claim cannot be processed until we receive a completed claim form, and all the needed attachments. If you have any questions or concerns, please call me at (216) 664-2859.

Sincerely,

*Cynthia Lis, Claims Examiner*

**CLAIM FORM**

NAME \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Date & Time of Incident \_\_\_\_\_

Address of Incident \_\_\_\_\_

Detailed Description of Incident \_\_\_\_\_

\_\_\_\_\_

Please attach additional sheets if necessary.

Was a report made to police? \_\_\_\_\_ Where \_\_\_\_\_

Name, address, and phone number of all witnesses: \_\_\_\_\_

\_\_\_\_\_

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**IF YOUR CLAIM CONCERNS AN AUTOMOBILE ACCIDENT, COMPLETE THE FOLLOWING:**

Make of Vehicle \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ License No. \_\_\_\_\_

Owner's name, address & phone number \_\_\_\_\_

Driver's name, address and phone number \_\_\_\_\_

Were you injured? \_\_\_\_\_ If yes, complete reverse side.

Was anyone injured? \_\_\_\_\_ How many persons in your car? \_\_\_\_\_

Name, address, telephone number of all persons injured:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name, address, telephone number of all other occupants: \_\_\_\_\_

Name of automobile insurance company \_\_\_\_\_

Name of medical insurance Co. \_\_\_\_\_

Collision deductible: \$\_\_\_\_\_ You must provide the declaration page of your insurance policy showing the deductible amount, and a copy of your original title or memorandum title certificate.

Describe damage to vehicle \_\_\_\_\_

Estimated Cost of Repair \$\_\_\_\_\_ Attach two (2) written estimates.

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**IF YOUR CLAIM CONCERNS PERSONAL INJURY, PLEASE COMPLETE THE FOLLOWING:**

Precise or nearest address of where incident occurred: \_\_\_\_\_

Nature and extent of injury \_\_\_\_\_

Nature and address of attending physician: \_\_\_\_\_

Total amount of medical expenses to date \$\_\_\_\_\_ (attach itemized bills)

List amount paid by insurance and amount you paid \_\_\_\_\_

Total amount of wage loss (attach letter from employer outlining loss): \$\_\_\_\_\_

Name of Health Insurance Co. \_\_\_\_\_ Deductible amount \$\_\_\_\_\_

Name of hospital transported to: \_\_\_\_\_

List and explain any physical disability \_\_\_\_\_

If you have any prior injuries, please provide date and nature of injury \_\_\_\_\_

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**IF YOUR CLAIM CONCERNS PROPERTY DAMAGE OTHER THAN AUTOMOBILE,  
PLEASE COMPLETE THE FOLLOWING:**

Cause of Damage \_\_\_\_\_

Name of City employee and date contacted concerning incident \_\_\_\_\_

Name of Property Insurance Co. \_\_\_\_\_

Deductible amount \$ \_\_\_\_\_

If your claim involves a sewer problem and you hired a plumber, please attach the bill, and provide the dates the Sewer Division performed inspections.

What would you consider a fair amount to settle your claim? \$ \_\_\_\_\_

For property damages, please complete and attach an itemized property damage sheet, and return it with this claim form.

I hereby attest that the above information is true to the best of my knowledge and belief:

Signature \_\_\_\_\_

Date \_\_\_\_\_

