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

Ohio Revised Code (Chapter 2744) outlines 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 claim to the City Department in question and the Department will contact you.

Even if the City of Columbus is liable for your injury or damage, Ohio Revised Code Section 2744.05 outlines 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. For these purposes Medicaid, Medicare, Care Source etc. are considered to be insurance. 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.

Potholes
With respect to any damage your vehicle may have sustained, we must inform you that the City, by statute, has certain immunities from liability for damages of this nature. As stated above, Ohio Revised Code Section 2744.05 addresses these immunities. In general, in order to recover in a suit involving damage proximately caused by roadway conditions, including potholes, the party claiming damage must prove that either: 1) 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 2) that the City, in a general sense, maintains its roadways negligently.

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). The declaration page is still required when filing the claim.
2. Fill out the claimant statement form and mail it to the appropriate City Department. You can either print the claimant statement form located at the bottom of the webpage (you cannot submit the form electronically, this form must be notarized), or contact the appropriate City Department listed below and they will mail you the form. You should submit your claim and supporting documents directly to the City Department involved. See the Department’s claims office phone list, addresses and e-mail addresses below. The Department involved will do a preliminary investigation. If the Department feels your claim has merit, they will either process your payment or it will be referred to the City Attorney’s Office for further investigation, if need be. If the Department finds that City will accept liability, the involved Department will contact you; acknowledge the claim, and make settlement arrangements. If your claim is denied, the 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 declaration 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 (see Claimant Statement Form).

   C) Documentation of your claim:
a) If vehicle damage is being claimed, you need to provide the Certificate of Title or another document 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 the damage is to a vehicle and/or to another type of real property, send a copy of the declaration page (showing the deductible amount and your total coverage) from your insurance company. Also include (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 (this form will be included if mailed and also located on the webpage).

All of the above information is necessary to start the investigation. Liability cannot be determined until a thorough investigation of your claim is completed.

Once you have collected all of the above information (including; submitting the claim to your insurance and a written statement for the total amount of the claim), completed the claimant statement form (printed from our website) and had the appropriate documents notarized, please forward the information to the appropriate Department to begin the investigation process.

If the City is liable, the City will issue you a check. This 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 Department that is handling your claim.

Hopefully, this has answered all of your questions; however, if you still need assistance, you can contact the City Department that will handle your claim or the City Attorney’s office and speak to one of the individuals listed below.

**If you are having problems printing the forms on the webpage, feel free to contact us and we will mail you a copy of the claims package.

Ashiko Hudson  Legal Investigator  (614) 645-8603  or aahudson@columbus.gov
Nicole Mullane  Legal Investigator  (614) 645-7681  or nmmullane@columbus.gov

If it is after normal working hours you may contact the 3-1-1 call center @ (614) 645-3111 or go to www.311.columbus.gov. The call center hours are Monday –Friday 7:00am to 8:00pm. If this is an emergency please dial 9-1-1 to contact the police.

Revised 08/29/2013
PLEASE PRINT:
City Department that was involved: __________________________________________________________
Name of Employee (if known): ____________________________________________________________
Type of damage: ________ Vehicle ________ Property _______ Injury

(Please note: You must fill out one statement form for each person and each type of damage, have form(s) notarized and mail original form for the claim to be considered.)

Claimant’s Name: _________________________________ SS#: ____________________________
Address: ____________________________________________________________________________
Phone: (Home/Cell) ___________________________ (Work) ____________________________
Date of Incident: ____________________________ Time: ________ AM/PM
Police report: □ Yes □ No If yes, report #_____________ If no, Why? __________________________

Name and address of Police Department: ____________________________________________________
Monetary amount of reimbursement you are seeking $ __________________
Location of accident/where damage took place: _____________________________________________
Two (2) repair estimates (attach documents): $___________________ $____________________
Make/Model of your vehicle______________________Mileage of vehicle______________________
Witness(es):
Name: ___________________________ Phone: (___)_______________ Address:__________________
Name: ___________________________ Phone: (___)_______________ Address:__________________
Claimant’s Statement: This Section must be filled out (be specific – use backside if necessary).
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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

Revised 08/29/2013
AFFIDAVIT OF INSURANCE COVERAGE

STATE OF OHIO
COUNTY OF FRANKLIN

I, __________________________, do state that I reside at __________________________ and swear and affirm that I do not have

☐ Medical  ☐ Auto  ☐ Home Owners  ☐ Renters (☑ mark all that apply) insurance.

-OR-

I am:

☐ Self Insured
☐ Insured by __________________________ (declaration page enclosed).

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 your injury to the insurance company first.

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 as follows (describe injuries/damages below):

__________________________________________________

__________________________________________________

__________________________________________________

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.

_________________________________________
CLAIMANT’S SIGNATURE

SWORN TO BEFORE ME and subscribed in my presence this ______________day of

_______________________, 20 ___.

_________________________________________
NOTARY PUBLIC, STATE OF OHIO

Revised 08/29/2013