COLUMBUS DIVISION OF POLICE

DAMAGE CLAIMANT STATEMENT

☐ **VEHICLE DAMAGE** ☐ **PROPERTY DAMAGE** ☐ **PERSONAL INJURY**

PLEASE PRINT: **TOTAL AMOUNT OF CLAIM:** $ _____

Date of Incident:_____ Time _____AM/PM

Incident Location:_____

Police Report: #_____ **If no report, Why?** _____

_____

Claimant/Owner Name:_____ SSN #_____

Home address:_____

Phone: (Daytime)_____ (Home)_____

Insurance Company:_____ Policy # _____

Two Repair Estimates: $_____ $_____ (Attach Copies to Form)

WITNESS(ES)

Name:_____ Name:_____

Address:_____ Address:_____

Phone:_____ Phone:_____

Claimant's Statement: *(If necessary use reverse side, be specific and include as much information as possible):*_____

_____

_____

_____

_____

Claimant's Signature:_____ Date:_____

STATE OF OHIO,
COUNTY OF FRANKLIN, SS:

SWORN TO BEFORE ME and subscribed in my presence the _____day of

_____, 20____.

A-33.101 (07/08)

_____
NOTARY PUBLIC, STATE OF OHIO

Page 2: Claimant Statement Continuation:

Claimant's Name: _____

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