



Claims Process & Paperwork

Enclosed is a Claim form that must be completed if you desire to file a claim against the City of Hilliard (the “City”). 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. Generally, under Ohio law, the City is not liable in damages in a civil action for injury, death, or loss to person or property allegedly caused by any act or omission of the City or its employees. There are some exceptions: (1) the negligent operation of a motor vehicle, unless police, fire, or EMS are responding to an emergency; (2) the negligent performance of proprietary functions; (3) the negligent failure to keep public roads in repair and negligent failure to remove obstructions; (4) the negligence of its employees within or on the grounds of, and due to physical defects within or on the grounds of, buildings; or (5) when Ohio law imposes liability.

Additionally, Ohio law limits the amount of money the City may pay. If you receive, or are entitled to receive, benefits from a policy or policies of insurance, that benefit is deducted from any monetary award received from the City. This means that even if the City is liable, and you have insurance, 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, if determined to be liable, would then be responsible for reimbursement of uncovered items such as your deductible.

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.

Specifically regarding pothole claims, 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) the City, in a general sense, maintains its roadways negligently.

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.

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. The City endeavors to investigate and respond



Law
Department

Tracy L. Bradford
Law Director

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to claims in a timely manner. However, depending on the nature of the claim, it may take 2-4 weeks to fully process your claim.

Thank you.



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CLAIM STATEMENT FORM

TODAY'S DATE

____/____/____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

EMAIL

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INSTRUCTIONS: YOUR CLAIM CANNOT BE PROCESSED WITHOUT COMPLETING 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:



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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:



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- ◆ 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 for which you experienced a loss, state 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:



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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
or
SUBMIT VIA EMAIL TO: claims@hilliardohio.gov