

II. FOR CLAIMS CONCERNING ONLY VEHICLE DAMAGE OR AUTOMOBILE ACCIDENT

Vehicle Make: _____ Year: _____ Model: _____ License No. _____

Owner' Name: _____

Owner's Address: _____

Driver's Name: _____

Driver's Address: _____

Name of other person(s) involved: _____

Contact Information of other person(s) involved: _____

Describe Damage to Vehicle: _____

Auto Insurance Company: _____

Estimated Repair Cost: \$ _____ Insurance Deductible: \$ _____

Were you injured? _____ If **YES**, complete **PERSONAL INJURY** Section below.

III. FOR CLAIMS CONCERNING ONLY PERSONAL INJURY (Document with Medical Bills)

Describe your Injury: _____

Medical Provider's Name and Contact Information: _____

Total Medical Expenses: \$ _____ Amount Paid by Insurance: \$ _____

Out of Pocket Expenses: \$ _____ Amount of Lost Wages: \$ _____

Medical Insurance Company: _____

Please list any Physical Disability: _____

Date and Nature of any Prior Injuries: _____

IV. FOR CLAIMS CONCERNING PROPERTY DAMAGE OTHER THAN AUTOMOBILE

Item Damaged: _____

Age of Damaged Property: _____ Cost to Repair/Replace: _____

Insurance Company: _____ Deductible: \$_____

V. ATTACHMENT CHECKLIST (Claims Will Not Be Processed Without Documentation)

Return Form and Documents to: City of Wooster – Law, 538 N. Market Street, Wooster OH 44691

If Claiming Vehicle Damage:

- Copy of Car Insurance Policy Showing Deductible
- Copy of Vehicle Title, Registration or Lease Contract
- One Written Repair Estimate (preferably two)
- Police Reports and Witness Statements (if available)
- Photographs of vehicle (if available)

If Claiming Personal Injury:

- Copies of All Medical Reports
- Copies of All Medical Provider’s Bills; Hospital Bills and Pharmacy Receipts
- Copies of All Payments Made by Insurance Company
- Letter from Employer Outlining Lost Wages
- Police Reports and Witness Statements (if available)

If Claiming Other Property Damage:

- Copy of Homeowner’s or Property Insurance Policy Showing Deductible
- Itemized List of Property Damaged Including Item Age and Purchase Price
- Description of Each Item Damaged Including Brand Name and Serial Number
- One Written Estimate to Repair/Replace Damaged Item (preferably two)
- Photographs of the Damaged Item – Or Instrument of Damage (if available)
- Police Reports and Witness Statements (if available)
- If Claim is for Business Property: Proof of Business Ownership
- Receipt for emergency clean-up

Under Ohio Revised Code Section 2744.05, if you are entitled to receive benefits from an insurance policy that amount will be deducted from any award the City of Wooster may consider paying. This means that the only part of your claim that will be considered is your insurance deductible and any other amount not covered by insurance.

The information in this claim is true to the best of my knowledge. I understand that claims cannot be processed until ALL documentation is submitted. I understand that claims may take four to six weeks to process.

Signature _____ Date _____

