

CITY OF YOUNGSTOWN

MAYOR DERRICK MCDOWELL



DEPARTMENT OF LAW

ADAM V. BUENTE DIRECTOR OF LAW

CITY HALL • 26 SOUTH PHELPS STREET • YOUNGSTOWN, OHIO 44503

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CLAIM INFORMATION AND INSTRUCTION

To open a claim with the City of Youngstown for injury to your person or damage to your property, please complete the Claimant Statement in its entirety. Please make certain that your statement is signed and notarized prior to its return. **The City will not begin an investigation until all necessary documents are received.** Your completed Statement and the required documentation should be returned as follows:

City of Youngstown, Ohio
Attn: Claims Department
Law Department – 4th Floor
26 South Phelps Street
Youngstown, Ohio 44503

(Submissions by facsimile or e-mail will not be accepted)

Upon receipt of the required information, an investigation will be conducted to determine liability. Based upon the complexity of your claim, it may take up to ninety (90) days for the investigation to be complete.

Your claim will be investigated and considered in accordance with Ohio Revised Code § 2744 et seq., which provides political subdivisions, including municipalities such as the City of Youngstown, with certain immunities from liability in civil actions for injury, death, or loss to person or property *allegedly* caused by any act or omission of the subdivision or its employees. For example, when claiming property damage caused by a pothole, the City will be immune from liability unless it is shown that (1) the City had actual or constructive notice of the pothole and failed to respond within a reasonable amount of time (or responded in a negligent manner), or (2) the City, in a general sense, negligently maintains its roadways.

Once liability is determined, you will receive a written response from the City of Youngstown's Law Department as to the approval or denial of your claim. If your claim is approved for payment, you will be required to sign a Release and Settlement Agreement and complete an IRS W-9 before payment can be issued. If it is determined that the City is not liable for your injuries or damages, there is no formal appeal process. However, you may consult with legal counsel of your choice and at your expense.

SECTION 1. REQUIRED DOCUMENTS

The City of Youngstown will not begin an investigation until a fully completed claim form and all necessary accompanying documents are received

Claim Type	Requirements
Automobile Damage	<ul style="list-style-type: none"> <input type="checkbox"/> Completed Claim Form (attached) <input type="checkbox"/> Correspondence from your automobile insurance company approving or denying your claim or completed Affidavit of Insurance (attached) <input type="checkbox"/> Documentation of replacement, restoration, or repair costs <input type="checkbox"/> Description of damaged property (brand/serial #) <input type="checkbox"/> Evidence of tread depth of damaged tire(s) <input type="checkbox"/> <i>If available</i>, photographs of the hazard causing the damage <input type="checkbox"/> Copy of Certificate of Title and/or vehicle registration
Automobile Accident (with City vehicle)	<ul style="list-style-type: none"> <input type="checkbox"/> Completed Claim Form (attached) <input type="checkbox"/> Correspondence from your automobile insurance company approving or denying your claim or completed Affidavit of Insurance (attached) <input type="checkbox"/> Documentation of replacement, restoration, or repair costs <input type="checkbox"/> Description of damaged property (brand/serial #) <input type="checkbox"/> <i>If available</i>, photographs of the damage <input type="checkbox"/> Medical records and medical related invoices showing insurance adjustments and payments <input type="checkbox"/> Copy of Certificate of Title and/or vehicle registration
Property Damage	<ul style="list-style-type: none"> <input type="checkbox"/> Completed Claim Form (attached) <input type="checkbox"/> Correspondence from your homeowners insurance company approving or denying your claim or completed Affidavit of Insurance (attached) <input type="checkbox"/> Documentation of replacement, restoration, or repair costs <input type="checkbox"/> Description of damaged property (brand/serial #) <input type="checkbox"/> Evidence of causation (engineering reports) <input type="checkbox"/> <i>If available</i>, photographs of the hazard causing the damage
Trash / Recycling Cart	<ul style="list-style-type: none"> <input type="checkbox"/> Completed Claim Form (attached) <input type="checkbox"/> Correspondence from your home owners insurance company approving or denying your claim or completed Affidavit of Insurance (attached) <input type="checkbox"/> Documentation of replacement, restoration, or repair costs <input type="checkbox"/> Description of damaged property (brand/serial #) <input type="checkbox"/> Evidence of causation (witness reports, etc.)

CLAIMANT STATEMENT FORM

Section 2. General Information			
Name	Telephone	E-Mail:	
Street Address	City	State	Zip Code
Employer	Social Security No. XXX-XX-_____	Date of Birth	
Incident Location	Incident Date	Incident Time	
Detailed Description of Incident			
Incident Report Made? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reporting Agency (if applicable)	
Witness Name	Witness Address	Witness Telephone	
(1)			
(2)			
(3)			

Section 3. Vehicle Damage from Automobile Accident			
Year	Make	Model	Mileage
Owner's Name	Address	Contact Number	Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger No. 1 (Name & Address)			Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger No. 2 (Name & Address)			Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger No. 3 (Name & Address)			Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
You must also complete the Itemized Property Claim Form Section 7			

Section 4. Property Damage other than Automobile

Complete Sections 1, 2, 7, and 8

Section 5. For Personal Injury Claims

Complete Sections 1, 2, 3, 6, and 8

Section 6. For Trash / Recycling Cart Claims

Complete Sections 1, 2, 7, and 8

Section 7. Itemized Property Claim Form

Property Description (Brand Name and Serial #)	Quantity	Date Purchased or Age	Purchase Price	Replacement, Restoration or Repair Cost
Total Replacement, Restoration or Repair Cost				

SECTION 8. AFFIDAVIT OF INSURANCE

IF UNINSURED, PLEASE COMPLETE THE FOLLOWING / EACH CLAIMANT MUST COMPLETE AN AFFIDAVIT

Ohio Revised Code § 2744 states that if you have insurance benefits that relate to the nature of your claim, you must first utilize and exhaust those insurance benefits prior to filing a claim with the City of Youngstown. The amount of benefit available through insurance shall be deducted from any award against the City recovered by claimant.

I, _____, swear and affirm that I do not have the following type(s) of insurance:

- ___ Automobile ___ Homeowners
- ___ Medical ___ Renters

Alternatively, I _____, swear and affirm that I/my company is self-insured.

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 Youngstown and that the claim(s) arising from these injuries and/or damages are a direct result of this incident.

Claimant Signature

Date

State of _____ }
County of _____ } SS:

SWORN to (or affirmed) and SUBSCRIBED in my presence on this _____ day of _____, 20_____.

Notary Public