



CITY OF MENTOR

8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 • (440) 255-1100 • www.cityofmentor.com

CLAIMANT INFORMATION AND INSTRUCTIONS¹

To open a claim with the City of Mentor for injury or property damage, you must complete the Claimant Statement form in its entirety. If filing a claim for property damage, the Claimant Statement Form must be completed by the property or vehicle owner. Your completed form, along with any requested accompanying documentation (*see list on page 2*), should be sent to the City of Mentor Finance Department. It is important to note that the City will not begin an investigation until a completed claim form and all necessary accompanying documents are received. Please make certain that your claim form is signed prior to submitting it to the City.

Ohio law provides political subdivisions, including the City of Mentor, 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 City or its employees. Your claim therefore will be forwarded to the Department of Law for a legal determination. This process may take several weeks depending on current workload.

Please note that if you have insurance benefits that relate to the nature of your claim, for example, automobile insurance that may cover the damage to your vehicle, Ohio law has a provision that requires in certain cases your insurance benefits be applied to offset the amount of any monetary damages you may be owed. It is therefore strongly recommended that you place your insurance company on notice of your claim, even if you believe you were not at fault.

¹ This information is for informational purposes only. Nothing in these documents should be taken as legal advice for any individual matter or situation. Persons are advised to contact their attorney for legal advice.

CLAIMANT STATEMENT FORM INSTRUCTIONS

- Complete the Claimant Statement Form providing as much detail as possible.
- The Claimant Statement Form must be signed by the claimant
- The completed Claimant Statement Form along with the required accompanying documents as outlined below should be forwarded to the City of Mentor Finance Department:
 - **By Mail:** City of Mentor Finance Department
ATTN: Claims Assistant
8500 Civic Center Blvd.
Mentor, OH 44060
 - **By E-mail:** finance@cityofmentor.com

ATTACHMENT CHECKLIST

- **Injury** – please provide copies of the following:
 - Medical records
 - Medical related invoices showing insurance adjustments and payments
- **Vehicle Damage** – please provide copies of the following:
 - Auto Insurance Declaration Page showing deductible amount and policy limits
 - Vehicle title, registration, and/or lease contract
 - Two written estimates for damage or one written estimate for damage if you are requesting reimbursement of your deductible only
 - Current vehicle mileage
 - Photographs of vehicle damage and location of incident
- **Property Damage** – please provide copies of the following:
 - Homeowner’s or renter’s insurance policy showing deductible amount and policy limits
 - Two written estimates for damage, or the repair invoice



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CLAIMANT STATEMENT FORM

Date:

Name	Birth Date	Home Phone	Cell Phone
Street Address	City	State	Zip
E-mail Address	Best Time to Contact:		

City Department Involved (<i>if known</i>):	Name of City Employee Involved (<i>if any</i>):		
Type of Damage: <input type="checkbox"/> Vehicle <input type="checkbox"/> Injury <input type="checkbox"/> Other Property	Police Report Made? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Police Report #:	
Incident Date:	Incident Time:	Location of Incident:	

DETAILED DESCRIPTION OF INCIDENT (*attach separate sheet if necessary*)

FOR VEHICLE DAMAGE CLAIMS OR AUTOMOBILE ACCIDENTS

Vehicle Make/Model:	Year:	License Plate #:	Mileage:
Vehicle Owner's Name:	Vehicle Owner's Address & Phone:		
Driver's Name:	Driver's Address & Phone:		
Repair or Replacement Estimates (<i>attach estimate documents</i>):			
1) \$		2) \$	
# of Passengers in Vehicle:	Passengers:		

FOR OTHER PROPERTY CLAIMS (*non-automobile/motor vehicle*)

What Property was Damaged:
Cause of Damage:
When Damage of Property Occurred:
Age of Damaged Property:
Repair, Restoration or Replacement Cost (<i>attach cost documents</i>):
** If more than one item, fill out the itemized property claim page**

CITY OF MENTOR
CLAIMANT STATEMENT FORM

FOR PERSONAL INJURY CLAIMS
NATURE & EXTENT OF YOUR INJURY

Hospital Transported To:

INSURANCE INFORMATION

(A copy of your auto or homeowner's insurance declaration page and/or medical insurance card MUST accompany your claim packet)

Auto Insurance Company:
Auto Insurance Policy Number:
Health Insurance Company:
Health Insurance Group/Policy Number:
Homeowner's Insurance Company:
Homeowner's Insurance Policy Number:

