



City of Lancaster, Ohio
104 East Main Street
Lancaster, Ohio 43130-0681

How to File a Claim with the City of Lancaster, Ohio

Please follow the steps described below if you believe you have a claim against the City of Lancaster, Ohio. The three types of claims for consideration are property damage, vehicle damage, or personal injury.

Step 1: Complete all information on the Proof of Loss Claim Report which can be printed off the City of Lancaster website or a copy can be picked-up at the City of Lancaster Law Director's Office located at 136 West Main Street, Lancaster, Ohio. This report must be filled out completely, signed and dated. You ***must*** attach a copy of your insurance policies or your declaration page and all insurance coverage amounts available to you. You must also attach all relevant documentation of your claim such as photographs, correspondence, and estimates or repair invoices. You must submit at least two estimates of repair or replacement.

Step 2: Return the completed Proof of Loss Claim Report and all required documentation to Teresa Sandy, City of Lancaster Law Director, 136 West Main Street, P.O. Box 1008, Lancaster, Ohio, 43130 by mail or hand delivery. Please direct any questions regarding this procedure to Teresa Sandy at (740) 687-6616 ext. 3012.

Step 3: Please be advised that Ohio Revised Code Chapter 2744 requires that you must submit all medical bills and vehicle damage bills to your automobile or medical insurance company before filing a claim with the City of Lancaster. Ohio Revised Code Section 2744.05(B) limits the rights of a person who has a claim against a political subdivision to the amount of the loss sustained less the total of all insurance benefits the person is entitled to receive under all applicable insurance policies. This means that the City of Lancaster may be liable only for payment of your insurance deductible and any other item of damage or expense not covered by your insurance policy subject to the other restrictions and limitations of Ohio Revised Code Chapter 2744.

Step 4: The City of Lancaster will investigate the claim and respond within thirty (30) days of the receipt of all information and documentation requested in Step 1 above.

Step 5: Please be advised that Ohio Revised Code Chapter 2744 provides statutory immunity to political subdivisions with respect to certain claims and the City of Lancaster may have the right to deny your claim pursuant to statute.



City of Lancaster, Ohio
Office of
Law Director and City Prosecutor

Filing a Claim with the City of Lancaster, Ohio

Please be advised that Ohio Revised Code §2744 provides statutory immunity to the City of Lancaster with respect to certain claims and provides that the City may have the right to deny your claim. When filing a claim with the City of Lancaster, Ohio, the City is **afforded certain immunities** and will not be held liable for injury, death, or loss to person or property in the following situations:

1. If the damage or injury involved a City roadway or sidewalk and the City did not negligently maintain roadway or sidewalk (In the City of Lancaster, private property owners, not the City, are responsible for sidewalks, Lancaster Codified Ordinance 561.01);
2. If the damage or injury involved a City roadway or sidewalk and the City did not have constructive or actual knowledge that a roadway or sidewalk needed repaired or was damaged;
3. If the damage or injury involved a City roadway or sidewalk and the condition of the roadway or sidewalk was open and obvious;
4. If the employee involved was engaged in the performance of a judicial, quasi-judicial, prosecutorial, legislative, or quasi-legislative function;
5. If the conduct of the employee involved, other than negligent conduct, that gave rise to the claim of liability was required by law or authorized by law, or if the conduct of the employee involved that gave rise to the claim of liability was necessary or essential to the exercise of powers of the political subdivision or employee;
6. If the action or failure to act by the employee involved that gave rise to the claim of liability was within the discretion of the employee with respect to policy-making, planning, or enforcement powers by virtue of the duties and responsibilities of the office or position of the employee;
7. If the action or failure to act by the political subdivision or employee involved that gave rise to the claim of liability resulted in injury or death to a person who had been convicted of or pleaded guilty to a criminal offense and who, at the time of the injury or death, was serving any portion of the person's sentence by performing community service work for or in the political subdivision whether pursuant to section 2951.02 of the Revised Code or otherwise, or resulted in injury or death to a child who was found to be a delinquent child and who, at the time of the injury or death, was performing community service or community work for or in a political subdivision in accordance with the order of a juvenile court entered pursuant to section 2152.19 or 2152.20 of the Revised Code, and if, at the time of the person's or child's injury or death, the person or child was covered for purposes of Chapter 4123. of the Revised

- Code in connection with the community service or community work for or in the political subdivision;
8. If the injury, death, or loss to person or property resulted from the exercise of judgment or discretion in determining whether to acquire, or how to use, equipment, supplies, materials, personnel, facilities, and other resources unless the judgment or discretion was exercised with malicious purpose, in bad faith, or in a wanton or reckless manner;
 9. The employee is immune unless the employee's acts or omissions were with malicious purpose, in bad faith, or in a wanton or reckless manner or civil liability is expressly imposed upon the employee by a section of the Revised Code. Civil liability shall not be construed to exist under another section of the Revised Code merely because that section imposes a responsibility or mandatory duty upon an employee, because that section provides for a criminal penalty, because of a general authorization in that section that an employee may sue and be sued, or because the section uses the term "shall" in a provision pertaining to an employee.

In addition, any damages alleged to have been incurred will be limited to actual damages. Punitive or exemplary damages shall not be awarded. If a claimant receives or is entitled to receive benefits for injuries or loss allegedly incurred from a policy or policies of insurance or any other source, the benefits shall be disclosed to the court, and the amount of the benefits shall be deducted from any award against a political subdivision recovered by that claimant.

Please review these sections thoroughly before filing a claim with the City.

City of Lancaster, Ohio



Municipal Building
104 East Main Street
Lancaster, Ohio 43130
740-687-6608 (phone) 740-687-6698 (fax)

Proof of Loss Claim Report

1. General Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

2. Date of Incident: _____

3. Location Incident Occurred: _____

4. Property Damage:

Two written estimates for each item to be repaired must accompany this claim form.

Name/description of item	Date Purchased	Description of damage	Cost of Repair

5. Medical Expenses:

Please enclosed itemized copies of each medical bill.

Doctor/Hospital (include name and address)	Amount
_____	_____
_____	_____
_____	_____

6. Description of how injury or loss occurred. Please be specific:

(Use reverse side if needed)

7. Witnesses:

Name	Address/City/State/Zip	Phone
_____	_____	_____
_____	_____	_____

8. Your Insurance Coverage IMPORTANT – (This section must be completed to consider your claim)

Failure to complete this section may result in denial of your claim.

Name of Insurer _____ Policy No. _____

*Name of Agent _____

Mailing Address _____ Phone () _____

Are you required to pay a deductible? _____

If so, how much? _____

9. Are you aware of any other party who may have been responsible for ANY part of your loss? If so, please list that information here:

Name _____

Address _____

City _____ State _____ Zip Code _____

10. If you are claiming property damage, were you the owner of the property? _____

11. Are you involved in any other claim(s), lawsuit(s), or dispute(s) with the City of Lancaster? If so, please list details here:

12. Are you currently indebted to the City of Lancaster, (i.e. tax bills, utility bills, traffic tickets, etc.)? If so, please explain here:

13. Please describe EXACTLY why you feel the City of Lancaster is negligent and therefore responsible for your claim? Please explain here: (Please be specific. Use reverse side if necessary.)

IMPORTANT: Any person who with intent to defraud or knowing that they are facilitating a fraud against any individual or corporation public or private, submits documentation in filing a claim containing ANY false or deceptive statements is guilty of fraud.

This form **MUST** be signed by the person making the claim against the City.

Signature _____

Date _____