

CITY OF PITTSBURGH DEPARTMENT OF LAW CLAIMS DIVISION

REPORT OF CLAIM FORM

(PLEASE PRINT ALL INFORMATION)

CLAIMANT/S _____

If a minor, parent/guardian's name/s: _____

SOC. SEC. NO/S. XXX - XX - _____

If business, Fed. I.D. No. _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIPCODE** _____

If your claim concerns real property, state if you own or rent the property: Own _____ Rent _____

TELEPHONE NO. (DAYTIME) () _____ (OTHER) () _____

Date and time of incident: _____

Location (please be exact as possible, including address or closest intersection/block number): _____

Description of incident (please be as detailed as possible, including City department/s involved; truck number or driver's name, if a City vehicle is involved): _____

Name, address, phone number of witnesses: _____ (Attach statement, if available)

**IF YOU ARE MAKING A CLAIM FOR REIMBURSEMENT FOR SIDEWALK DAMAGE
RESULTING FROM CITY TREE ROOTS**

1. You must notify the Forestry Division at (412) 665-3625. Roots must be pruned by the City prior to repairs. A sidewalk permit must be obtained by the Department of Public Works before sidewalk repairs can be made. Please contact the permit counter at (412) 255-2737 for details. A copy of the permit and repair bill for sidewalk replacement must accompany this form.

2. You must determine whether any policy of applicable property damage insurance coverage exists which would provide you coverage for the loss claimed and check the appropriate box listed below affirming the same:

I/we do do not have a policy of insurance which would afford me/us coverage for this loss.

IF YOU ARE MAKING A CLAIM FOR PROPERTY DAMAGE OTHER THAN VEHICLE

You must submit two estimates of repair or copies of the invoice for the item. If the cost to repair the item exceeds its fair market value, the amount of damages paid if the City is liable will be the fair market value of the item.

IF VEHICLE DAMAGE, COMPLETE THE FOLLOWING:

Make: _____ Model: _____ Year: _____

Odometer: _____ Engine Size: _____ Standard/Automatic Trans.: _____

Options:

| | | | |
|-------------------|--|----------------|--|
| Air conditioning: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Cassette: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Power steering: | Yes <input type="checkbox"/> No <input type="checkbox"/> | AM/FM Stereo: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Power windows: | Yes <input type="checkbox"/> No <input type="checkbox"/> | CD Changer: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Power door locks: | Yes <input type="checkbox"/> No <input type="checkbox"/> | ABS: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Tilt wheel: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Leather: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cruise Control : | Yes <input type="checkbox"/> No <input type="checkbox"/> | Privacy glass: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Moon/Sun roof | Yes <input type="checkbox"/> No <input type="checkbox"/> | Alloy wheels: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Location of rust: _____

Location of dents or other prior body damage: _____

General condition: Poor Fair Good Excellent

Any information you desire to add: _____

Specific damage to vehicle claimed in this incident: _____

Is it driveable? Yes No

OBTAIN TWO REPAIR ESTIMATES AND SUBMIT WITH CLAIM FORM

ENCLOSE A COPY OF THE DECLARATION PAGE OF THE INSURANCE POLICY, IN EFFECT ON THE DATE OF THE INCIDENT, STATING THE DEDUCTIBLE. IF YOU ARE FILING A CLAIM FOR VEHICLE DAMAGES AND FAILED TO PURCHASE COLLISION INSURANCE, AND THE COST TO REPAIR THE VEHICLE EXCEEDS ITS FAIR MARKET VALUE, THE AMOUNT OF DAMAGES PAID IF THE CITY IS LIABLE WILL BE THE FAIR MARKET VALUE.

INSURANCE INFORMATION SECTION

(Information is required pursuant to Pennsylvania State Law, 42 Pa. C.S. § 8553)
This section must be completed for all vehicle accident and property damage claims.

Name of Insurance Carrier _____ and

Policy Number _____

If you have other documentation to support your claim, such as photos or videotapes, please provide a copy to us. Please note that the City of Pittsburgh will not return any items submitted as part of a claim, so it is important that you keep duplicates for your own records.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER BY FILING AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO A FINE OF UP TO \$15,000 AND IMPRISONMENT FOR UP TO SEVEN (7) YEARS.

Signature: _____ Date: _____