



**DISTRICT OF COLUMBIA GOVERNMENT  
DC OFFICE OF RISK MANAGEMENT  
Tort Liability Division**

---

Jed Ross  
Chief Risk Officer

**CLAIM AGAINST THE GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**PLEASE PRINT AND COMPLETE THE FOLLOWING QUESTIONS.**

**TYPE OR PRINT ALL INFORMATION CLEARLY**

**YOU MAY USE ADDITIONAL PAGES IF NECESSARY**

**VEHICULAR PROPERTY DAMAGE**

**1- PERSONAL INFORMATION**

Last Name of Claimant \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # *\*(optional)* \_\_\_\_\_ Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail Address \_\_\_\_\_

**2- COMPLETE VEHICULAR INFORMATION**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

**3- DRIVER'S INFORMATION**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

S.S.#*\*(optional)* \_\_\_\_\_ Home phone# \_\_\_\_\_ Office Phone# \_\_\_\_\_

*\*SSN or Tax ID not required to file a claim but required if payment is issued*

**4- INSURANCE INFORMATION**

Name of Carrier: \_\_\_\_\_

Policy#: \_\_\_\_\_ Phone# \_\_\_\_\_

Do you have  Yes Did you report accident  Yes Were you paid?  Yes Amount of  
Collision insurance?  No to your insurance company?  No  No  No Deductible?

**5- ACCIDENT INFORMATION**

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Accident Location:  
\_\_\_\_\_

Detailed Description of Accident (use additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the Police Investigate the Accident? Yes\_\_\_ No\_\_

**6- TOW CLAIMS**

Exact Date of Tow: \_\_\_\_\_ Time: \_\_\_\_\_

Exact Location Vehicle towed from:  
\_\_\_\_\_

**7- DC GOVERNMENT VEHICLE INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_

Complete Street Address City Agency Employed By:  
\_\_\_\_\_

Bus. Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ License Plate#: \_\_\_\_\_

Towed Away: Yes\_\_\_ No \_\_\_\_\_

**8- AUTHORIZATION TO INSPECT AND APPRAISE YOUR VEHICLE'S DAMAGE**

FULLY COMPLETE AND SIGN THE FOLLOWING AUTHORIZATION TO ALLOW US TO INSPECT & APPRAISE YOUR VEHICLE.

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ License

Plate#: \_\_\_\_\_

V.I.N. Number: \_\_\_\_\_ Mileage: \_\_\_\_\_

Location where the vehicle may be seen: \_\_\_\_\_

\_\_\_\_\_  
Signature X:

**9- DESCRIBE DAMAGE TO YOUR VEHICLE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach photos of accident scene and/or damage if available**

BY SIGNING THIS DOCUMENT, I ATTEST THE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please also include the following if relevant to your claim:**

- 1. Any police or other reports related to the incident**
- 2. Documents showing ownership at the time of the damage and original cost of damaged items**
- 3. Estimates for repairs (include two for vehicular damage) and pictures of the damages**
- 4. Proof of payment for repairs made to the vehicle**
- 5. Medical bills and/or medical reports**

**WARNING: It is a crime to provide false or misleading information to the District Government, or to any department or agency thereof, any claim upon or against the District of Columbia, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent. Such an act is subject to imprisonment not more than one year and assessed a fine of not more than \$100,000 for each violation.**