



**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.