



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

Phillip A. Lattimore III
Chief Risk Officer

CLAIM AGAINST THE GOVERNMENT OF THE DISTRICT OF COLUMBIA

VEHICULAR PROPERTY DAMAGE

PLEASE PRINT, AND COMPLETE THE FOLLOWING QUESTIONS. YOU MAY USE ADDITIONAL PAGES IF NECESSARY.

TYPE OR PRINT ALL INFORMATION CLEARLY

1- PERSONAL INFORMATION

Last Name of Claimant: _____ First Name: _____

Address: _____ Zip code: _____

Date of Birth: _____ Social Security # (SSN): _____ 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.N. #: _____ Home phone #: _____ Bus. #: _____

4- INSURANCE INFORMATION

Name of Carrier: _____

Policy#: _____ Name of Agent: _____

Agent or Carrier 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 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 EMPLOYEE AND VEHICLE INFORMATION

Last Name of Driver: _____ First Name: _____

Title: _____

Complete Street Address of City Agency Employed By: _____

Bus. Phone #: _____ Cell #: _____

Make: _____ Year: _____ Model: _____ 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 inspected / appraised:

Signature X:

9- DESCRIBE DAMAGE TO YOUR VEHICLE

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);**
- 4. Proof of payment for repairs made to the vehicle; and**
- 5. Medical bills and/or medical reports.**

BY SIGNING THIS DOCUMENT, I AFFIRM THE INFORMATION I HAVE PROVIDED TO BE TRUE AND ACCUATE TO THE BEST OF MY KNOWLEDGE.

Date: _____ Signature: _____

WARNING: It is a crime to provide false or misleading information to the District of Columbia Government, or to any department or agency thereof, regarding 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 of not more than one year and a fine of not more than \$100,000 for each violation.