



**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**

**PROPERTY DAMAGE OR LOSS (NON-VEHICLE)**

**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 \_\_\_\_\_

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

**2-INSURANCE INFORMATION**

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

Policy#: \_\_\_\_\_ Name of Agent: \_\_\_\_\_

phone# \_\_\_\_\_

Do you have  Yes  
Collision insurance?  No

Did you report accident  Yes  
to your insurance company?  No

Were you paid?  Yes  
 No

Amount of  
Deductible?

### 3-DAMAGE OR LOSS INFORMATION

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

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

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

---

---

---

---

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

### 4-LIST OF DAMAGES AND COST

USE ADDITIONAL SHEET IF NECESSARY

DETAILED  
DESCRIPTION  
OF  
DAMAGED  
ARTICLES

DESCRIBE  
NATURE  
AND EXTENT  
OF  
DAMAGES

DATE OF  
PURCHASE  
\_\_\_\_\_

WHERE  
PURCHASED  
\_\_\_\_\_

COST AT TIME  
OF  
PURCHASE  
\_\_\_\_\_

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 photos of any 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.**