

**STATE OF OHIO**  
OFFICE OF RISK MANAGEMENT  
**PROPERTY DAMAGE CLAIM FORM**  
TO BE COMPLETED BY OWNER OF PROPERTY

|               |       |       |
|---------------|-------|-------|
| CLAIM NUMBER: | DATE: | TIME: |
|---------------|-------|-------|

|                                   |                         |
|-----------------------------------|-------------------------|
| OWNERS NAME:                      | SOCIAL SECURITY NUMBER: |
| ADDRESS / CITY / STATE / ZIPCODE: | TELEPHONE:              |

**INCIDENT DETAILS / LOCATION**

|               |               |
|---------------|---------------|
| DATE OF LOSS: | TIME OF LOSS: |
| STATE ROUTE:  | TOWNSHIP:     |
| CITY:         | COUNTY:       |

**IDENTIFY STATE DRIVER AND EQUIPMENT INFORMATION**

| STATE OPERATOR(S) NAME | UNIT NUMBER | LICENSE PLATE NUMBER |
|------------------------|-------------|----------------------|
|                        |             |                      |

|                            |             |             |            |              |           |
|----------------------------|-------------|-------------|------------|--------------|-----------|
| STATE VEHICLE /EQUIPMENT ? | PLOWING [ ] | SALTING [ ] | MOWING [ ] | TRIMMING [ ] | OTHER [ ] |
|----------------------------|-------------|-------------|------------|--------------|-----------|

|  |         |        |
|--|---------|--------|
| ANY OTHER PUBLIC ENTITY (COUNTY / CITY) RESPONSIBLE FOR MAINTAINING THIS ROADWAY? (IF YES, IDENTIFY) | YES [ ] | NO [ ] |
|--|---------|--------|

**LAW ENFORCEMENT AGENCY INFORMATION**

|  |         |        |
|--|---------|--------|
| WAS A REPORT TAKEN BY A LAW ENFORCEMENT AGENCY? (IF YES, IDENTIFY) | YES [ ] | NO [ ] |
|--|---------|--------|

**INSURANCE COMPANY**

|   |                |        |
|---|----------------|--------|
| HAVE YOU MADE A CLAIM FOR DAMAGE TO YOUR OWN INSURANCE COMPANY? | YES [ ]        | NO [ ] |
| COMPANY NAME:   | AGENT NAME:    |        |
| ADDRESS:  | TELEPHONE:     |        |
| CITY / STATE / ZIPCODE:   | POLICY NUMBER: |        |

|  |         |        |
|--|---------|--------|
| MAILBOX OR PROPERTY REPLACED BY OWNER: | YES [ ] | NO [ ] |
|--|---------|--------|

**MAIL BOX TYPE**

|                            |                        |                |           |
|----------------------------|------------------------|----------------|-----------|
| LARGE CAPACITY - METAL [ ] | LETTERSIZE - METAL [ ] | RUBBERMAID [ ] | OTHER [ ] |
|----------------------------|------------------------|----------------|-----------|

**BRIEF DESCRIPTION OF WHAT OCCURRED AND DESCRIBE PROPERTY**


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|  |            |
|--|------------|
| FORM COMPLETED BY:   | TELEPHONE: |
| ADDRESS / CITY / STATE / ZIP:  |            |
| SIGNATURE OF PROPERTY OWNER:   |            |
| <b>COPY OF RECEIPT OR WRITTEN ESTIMATE REPLACED WITH LIKE KIND AND QUALITY IS REQUIRED</b> |            |

OHIO LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING:  
“Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement is guilty of insurance fraud.”