

**City of  
Brook Park**

*Return to*  
~~Department of Law~~  
6161 Engle Road  
Brook Park, OH 44142  
(216)433-1300

## Proof of Loss Claim Report

### 1. General Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Date of Incident: \_\_\_\_\_

3. Location Incident Occurred: \_\_\_\_\_

### 4. Property Damage:

*Two written estimates for each item to be repaired must accompany this claim form.*

Name/description of item	Date Purchased	Description of damage	Cost of Repair

**5. Medical Expenses:**

*Please enclose copies of each medical bill itemized.*

Doctor/Hospital (include name and address)	Amount
_____	_____
_____	_____
_____	_____

**6. Description of how injury or loss occurred. Please be specific:**  
(Use reverse side if needed)

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

**7. Witnesses:**

Name	Address/City/State/Zip	Phone
_____	_____	_____
_____	_____	_____

**8. Your Insurance Coverage *IMPORTANT* - (This section must be completed to consider your claim )**

Failure to complete this section may result in denial of your claim.

Name of Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

\*Name of Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Are you required to pay a deductible? \_\_\_\_\_

If so, how much? \_\_\_\_\_

9. Are you aware of any other party who may have been responsible for ANY part of your loss? If so, please list that information here:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

10. If you are claiming property damage, were you the owner of the property? \_\_\_\_\_

11. Are you involved in any other claim(s), lawsuits(s), or dispute(s) with the City of Brook Park? If so, please list details here:

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

12. Are you currently indebted to the City of Brook Park (i.e. tax bills, utility bills, traffic tickets, etc.)? If so, please explain here:

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

13. Please describe EXACTLY why you feel the City of Brook Park is negligent and therefore responsible for your claim? Please explain here: (Please be specific. Use reverse side if necessary.)

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

**IMPORTANT:** Any person who with intent to defraud or knowing that they are facilitating a fraud against any individual or corporation, public or private, submits documentation in filing a claim containing ANY false or deceptive statements is guilty of fraud.

This form MUST be signed by the person making the claim against the City

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