

City of Chicago Motor Vehicle Damage Claim Form

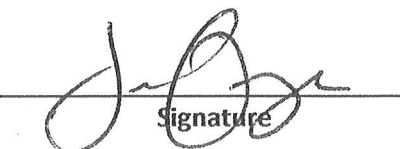
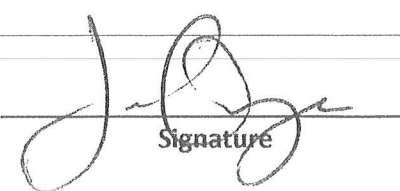
Please note: Title 2, Chapter 2-12, Section 2-12-060 of the Chicago Municipal Code requires that all claims be printed legibly and neatly.

* required information

PLEASE PRINT LEGIBLY AND NEATLY

	Today's Date:			
1.	Claimant Name*:	First <u>Jesse</u>	Middle Initial	Last Name <u>Omenazu</u>
2.	Claimant Address*:			
3.	Claimant City, State & Zip Code:			
4.	Claimant Telephone:	Office	Home	Cellular
5.	Claimant's Email Address:			
6.	Driver's License Information. If you do not have a license please include your State ID (include a copy of your license with your claim submission):	Driver's License No. _____	State of Issuance _____	
7.	Claimant's Insurance Company (include a copy of your insurance card):			
8.	Policy Holder's Name, Policy Number and Policy Period (include a copy of your insurance card):	Policy Holder's Name: <u>Jesse Omenazu</u>	Policy Number: _____	
		Policy Period: <u>01/29/22 - 07/29-2027</u>	(Effective Date) (Expiration Date)	
9.	Did you file a claim with your insurance company?:	Yes _____ (Claim Number _____)	No <input checked="" type="checkbox"/>	
10.	Letter of Experience from Insurance Company (must be provided for all claims over \$500.00):	Yes <input checked="" type="checkbox"/> *	No _____ *My insurance company does not know what this is. I was in good standing.	
11.	Date and Time of Incident*:	Date <u>05/30/2022</u> MM DD YYYY	Time <u>08:15</u> A.M. (P.M.)	

(OVER)

12.	Incident Location: (provide specific address, i.e. 1234 W. Main St.):	1049 W. North Ave, Chicago, IL 60672		
13.	Witness Name (if applicable):	First	Middle Initial	Last Name
14.	Witness Address:			
15.	Witness City, State & Zip Code:			
16.	Witness Telephone:	Office	Home	Cellular
17.	Description of Incident (give details of how damage occurred)* Use additional sheet if necessary:	Several massive potholes in the road. Even when attempting to avoid potholes by switching lanes, a huge pothole damaged (2) tires.		
18.	Police Report Number:	JF 298869		
19.	City Department Report Number:			
20.	Two Written Itemized Estimates attached on company letterhead or Itemized Paid Bill with proof of payment attached:	Two Written Estimates <input type="checkbox"/>		Itemized Paid Bill <input checked="" type="checkbox"/>
21.	Additional information submitted (i.e. photos, etc.):	see attached.		
22.	I am aware of the substantial penalties, attorneys', and legal fees that may be imposed for filing a false or fraudulent claim, pursuant to Municipal Code Ch. 1, Sec. 1-22-020*:	 Signature		<u>07/11/2022</u> Date
23.	Certification - This signature certifies that the information on this form is true and accurate to the best of my knowledge. I have submitted this information in a manner that represents the true facts of this claim for the purpose of investigating this claim*	 Signature		<u>07/11/2022</u> Date

REMEMBER

- Respond to all questions
- Attach supporting evidence and information

Mail this form to:
Office of the City Clerk/City of Chicago
121 North LaSalle Street, Room 107
Chicago, Illinois 60602
ATTN: CLAIMS