

emailed back on 10-20-11 per Chad



CITY OF NAPOLEON, OHIO Citizen Incident/Property Loss Report Form

DATE: 10/20/11
NAME: VALERIE BARBOCK
ADDRESS: 825 STRONG ST
 NAPOLEON OH 43545
PHONE: (419) 599-6472 cell 419 266 3519

Incident / Claim Information Incident Only Incident & Property Loss

Incident Cause: Flooding/Sewer Backup Property Damage Vehicle Damage Other: _____

Incident Date: 10/19/11 Time: 7PM Incident Reporting Date: 10/20/11 7:30a

Incident Location or Address: same as above 9/20/11 last time, several before that time

Incident Description: *FLOODING IN BASEMENT AGAIN - THIS HAS HAPPENED EACH TIME THERE IS A LOT OF RAIN SINCE THE STORM + SANITARY SEPARATION PROJECT TOOK PLACE ON STRONG STREET *YARD NEVER REGRADED/FIXED WAS TOLD THIS MAY BE THE CAUSE - WATER DRAINS TOWNS COURSE EACH TIME

Insurance Information - As Needed (Claimant)
Claim Filed with Your Insurance Company? Yes No If No, Reason: JUST WET FLOOR + CLEAN UP EACH TIME
Insurance Agent Name: _____
Company Name: _____

Address: _____
Insurance Co. Phone: () - Policy Deductible Amount \$ _____

Flooding/Sewer Backup Policy Coverage? Yes No If Yes, Amount of Flood/Sewer Backup Coverage \$ _____
(Provide Copy of Policy Sheet Showing Deductible Amounts.)
(Citizen Should File a Claim with their Insurance Company in Addition To Filing a Claim with the City.)

Property Loss Information - As Needed (Claimant)

Property Owner Name: _____
(If Different from Above)
Address: _____
Phone: (Home) () - (Work) () -
(Cell#) () - (E-mail) _____

Property Loss:
Item Description: _____
Damage Description to Property: _____
Property Estimated Value \$ _____ Basis Of Value: _____ Estimated Replacement or Repair Costs \$ _____

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Property Loss - Continued Next Page:

Property Loss - Continued:

Item Description: _____
Damage Description to Property: _____
Property Estimated Value \$ _____ Basis Of Value: _____ Estimated Replacement or Repair Costs \$ _____

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Damage Description to Property: _____
Property Estimated Value \$ _____ Basis Of Value: _____ Estimated Replacement or Repair Costs \$ _____

(Attach Additional Sheets for Item, Damage Description, Estimated \$, Basis of Value, Estimated Replacement Costs, as necessary!)

Vehicle Loss Information - As Needed (Claimant)

Year: _____ Make: _____ Model: _____ License Plate #: _____
VIN #: _____ Drivers License #: _____

Damage Description to Vehicle: _____

Driver Name: _____
(If Different from Above)
Address: _____

Phone: (Home) () - () - () (Work) () - () - ()
(Cell#) () - () - () (E-mail) _____

Claimant Contact with City Departments and Other Agencies or Businesses

Authorities Contacted / Responding: Police Dept. Fire Dept. Ambulance / EMS Operations Dept. Other: _____

Was there an EMS Transport: Yes No If Yes, Transport Destination: _____
Police/Fire Citations Issued (If Any): _____

Other Agencies (If Any): _____

For Flooding/Sewer Backups Cleaning Service Used (If Any): _____
(Attach Copy of Bill for Cleaning Services Used)

EACH TIME + THEY HAVE COME OUT, LOOKED, TAKEN PICTURES + LEFT. NO RESOLUTIONS.

I HAVE BEEN CLEANING UP THE WATER EACH TIME

Loss Report Completed By:

VAUERIE J. BOUDT-BABCOCK _____ *VJB* _____ 10/20/11
Print Name Signature

Date and Time Filed with the City: ____ / ____ / ____

**MAILBOX REPLACEMENT POLICY
CERTIFICATION and RELEASE of FURTHER CLAIMS**

POLICY:

Mailbox Replacement Policy approved by Resolution No. 041-09, passed 06-15-2009, states:
"Mailboxes, including its post or other support, that are lawfully and properly constructed or placed in the City right-of-way and subsequently damaged or destroyed as a result being actually stuck by a City owned, leased, or contracted snow plow, will not be replaced by the City; however, subject to appropriation of funds, the owner of the mailbox may be compensated for his or her damages by the City in an amount not to exceed \$50.00 upon filing a claim with the City and providing the necessary release of further claims therefore."

CLAIM:

Mailbox and/or structure damage during snow removal. Property Owner (Claimant):

Owner Name

Address (Service Address)

Date of Occurrence: ___/___/___

APPROVAL OF SETTLEMENT:

The Operations Superintendent, being the Department Head over and in charge of Snow Removal Operations, and the City Manager, approve settlement of claim.

Operations Superintendent [Signature]

___/___/___
Date

City Manger [Signature]

___/___/___
Date

RELEASE AND CERTIFICATION

I, the undersigned., in consideration of the sum of Fifty-Dollars (\$50.00), do hereby for myself, my heirs, personal representatives and assigns, release and forever discharge the City of Napoleon, Ohio, its officers, officials, employees and any other person firm or corporation charged or chargeable with responsibility or liability, their heirs, representatives or assigns, from any and all claims demands, damages, costs, expenses, loss of services, actions and causes of action arising from any act or occurrence up to the present time, and particularly on account, property damages, loss, or damages of any kind sustained or that I may hereafter sustain in consequence of an incident that occurred on the above stated occurrence date, at the above service address. I further agree to indemnify the City of Napoleon, Ohio, its officers, officials, employees and any other person firm or corporation charged or chargeable with responsibility or liability, their heirs, representatives or assigns, from any and all claims demands of others related to this claim.

To procure payment of the said sum, I hereby declare: that I am more than legal years of age; that no representation about the nature and extent of my damages made by any representative of the released party, or any representations regarding the nature and extent of legal liability or financial responsibility of any of the parties released, have induced me to make this settlement.

I understand that the parties hereby released admit no liability of any sort by reason of said incident and that said payment and settlement in compromise is made to terminate further controversy respecting all claims for damages that I have heretofore asserted or that I or my personal representatives might hereafter assert because of said incident.

I certify to the best of my knowledge and belief, that my mailbox was damaged or destroyed by the City during snow removal, the box and support structure being legally in the right-of-way.

Signed and sealed this _____ day of _____, 20__.

Witnessed by:

(CAUTION-READ BEFORE SIGNING)

[witness signature]

[claimant's signature]

[printed name of witness]

[printed name of claimant]