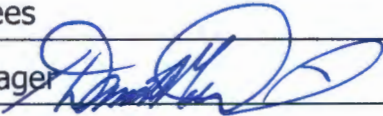




**CITY OF DUBLIN  
ADMINISTRATIVE ORDERS  
OF THE CITY MANAGER**

<b>ADMINISTRATIVE ORDER 3.11</b>
<b>TO:</b> All City of Dublin Employees
<b>FROM:</b> Dana McDaniel, City Manager 
<b>SUBJECT:</b> Third Party Liability Claim Reporting Procedures
<b>DATE:</b> June 22, 2022
<i>Supersedes and replaces Administrative Order 3.11 dated January 31, 2002, regarding same subject.</i>
<b>PROPONENT:</b> Division of Human Resources (Risk Management)

**1. INTRODUCTION & PURPOSE**

The purpose of this Administrative Order is to establish and define reporting procedures for reporting any incident or occurrence that may result in the filing of a claim or lawsuit against the City, the receipt of claims, the processing of claims, and responding to the parties involved, and to provide general procedures to employees regarding City liability. It is expected that through adherence to these procedures, claims will be processed in an effective and timely manner.

**2. REPORTING PROCEDURES**

**A. Employee Responsibilities** - Employees shall report any incident or occurrence that may result in the filing of a claim or lawsuit against the City to their direct supervisor immediately. The reporting supervisor is responsible for notifying the Division of Human Resources, Risk Manager after notification by the employee. Failure to immediately report a claim may result in loss of insurance coverage. The City prohibits its employees from offering opinions regarding whether or not the City may have liability or what the City could, should, or might do about such situations/incidents which the City of Dublin employees are involved. City employees should defer questions/inquiries regarding the City's or City employee's fault and/or responsibilities to the Risk Manager.

**B. Risk Manager Responsibilities**

The Risk Manager shall be responsible for the following:

- (1) Provide claimant with form "CD-1", titled "Notice of Claim Against the City of Dublin."

(2) Report to the Insurance Claims Representative within ten (10) business days of the loss, claim or notice of the same, whichever shall first occur by using form "CD-2" titled, "First Report of Injury or Loss." The Insurance Claims Representative will acknowledge receipt of the claim by fax or phone to the Risk Manager within one business day.

(3) Notify the Law Director's office of all claims other than property damage issues.

(4) Conduct internal investigation by obtaining information from police reports, witnesses, employees, photographs, etc.

(5) Assisting insurance administrator/adjuster during investigation.

### **3. RESTITUTION**

If the investigation reveals that the City of Dublin has liability regarding the claim and total damages are less than \$1,000 or the current insurance maintenance deductible, the Risk Manager shall consult with the Director of Human Resources regarding payment. Only the City Manager shall have exclusive authority to approve payments to a third party for claims not covered by insurance or claims with damages totaling less than \$1,000 or the current insurance maintenance deductible. Payment shall not be made to claimant until form CD-3, "Release of Settlement and Agreement", has been signed by both the City Manager and the Claimant. The Risk Manager shall be responsible for producing the agreement. Conditions of the agreement shall be specific to circumstances of the claim.





1. Give the name and address of any witnesses: \_\_\_\_\_  
\_\_\_\_\_

2. Did police investigate the accident? (If so, give name of officers or police report #)  
\_\_\_\_\_  
\_\_\_\_\_

3. Was anyone injured? (If so give name, address and extent of injuries)  
\_\_\_\_\_  
\_\_\_\_\_

4. Was any damage done to property? If so, describe property and extent of damage. Attach estimates or describe basis for ascertaining extent of damage.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you been compensated for any part or all of your claim by any insurance company? (If so, give name and address and amount paid.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Can you attach a dollar amount to your claim? If so, please attach documentation supporting the dollar amount you claim, such as receipt of purchase or estimate of damages you have obtained.  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you made any claim against anyone else for damages as a result of this accident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If the answer to Question 7 is yes, have you received any payment from that source and if so, in what amount? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

For your information, once your claim is received it will be investigated by the appropriate department(s). Once their investigation is completed, all documentation will be forwarded to our insurance service for handling. Should you have any questions concerning your claim, please contact:

**Risk Manager**  
City of Dublin  
5555 Perimeter Drive  
Dublin, OH 43017  
(614) 410-4411

# CORMA

## Central Ohio Risk Management Association

Attn: Claims Manager

# FIRST REPORT OF INJURY OR LOSS

This report is intended to provide notice of (check all which apply):

- 1) A City Property Damage Claim (above \$1000) \_\_\_\_\_
- 2) A City Liability Claim (all claims) \_\_\_\_\_
- 3) An incident or event, **for informational purposes only** \_\_\_\_\_
- 4) A subrogation claim \_\_\_\_\_

City: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Date of Report: \_\_\_\_\_

In the space below, or on an attached sheet, please provide a brief description of the claim or incident (property damage/injuries): \_\_\_\_\_

---



---



---



---

Names, addresses, and phone numbers of third-party claimants:

---



---



---

Names, addresses, and phone numbers of witnesses:

---



---



---

**PLEASE FORWARD THE SUPERVISOR'S INVESTIGATION REPORT, POLICE REPORT, REPAIR ESTIMATE, OR ANY OTHER INFORMATION RELATING TO THE LOSS.**

CFS# \_\_\_\_\_



**SAMPLE:  
RELEASE AND SETTLEMENT OF AGREEMENT**

This release is entered into this \_\_\_\_\_(Day) of \_\_\_\_\_(Month), \_\_\_\_\_(Year), by and between the City of Dublin, Ohio(City) and Jane Doe(Owner) 1234 Irish Court, Dublin, Ohio(Address).

WHEREAS,

1. \_\_\_\_\_(Owner) claims that damages to their outdoor light post occurred when (for example) a City employee struck it with a City vehicle while performing chipping operations at \_\_\_\_\_(Address).
2. That this settlement is not to be constructed as an admission of liability on the part of the City and is being settled solely to avoid protracted litigation; and,
3. The parties wish to settle this dispute between them;

NOW, THEREFORE, the parties agree as follows:

1. That the City shall (for example) pay for the parts and labor necessary for repair of the property damage/light and post replacement of \$\_\_\_\_\_ (Cost).
2. That \_\_\_\_\_(Owner), with the intent of binding themselves and their assigns, heirs and agents, and in consideration for the payment received pursuant to this Full and Final Release and Settlement Agreement, hereby releases and forever discharges the City, its officials, employees, agents, officers, volunteers, attorneys, successors, and assigns of and from any and all actions and causes of action, suits, debts, and sums of money, expenses, claims and demands whatsoever, in law or otherwise, known or unknown, arising from or in any way relating to any act or event occurring from the beginning of time until the date of execution of this Agreement, whether or not caused by the act, omission, negligence, or other fault of the City of Dublin, its employees, public officials agents, officers and volunteers, or by any other cause.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
City Manager