



Ohio Turnpike and Infrastructure Commission

682 Prospect St
Berea, OH, 44017
Phone: (440) 234-2081
www.ohioturnpike.org

Serving the nation - The James W. Shocknessy Ohio Turnpike

Please answer all of the following questions.

This form will ask you to provide information about your car insurance policy, please have that information on hand before beginning this form.

Please note that filling out this form does not guarantee a reimbursement.

Contact Information:

Prefix	First name	Middle initial	Last name
Email		Phone number	
Street Address			
City		State/Province	Zip/Postal Code

Insurance Policy Provider: _____

Insurance Policy Number: _____

Insurance Policy Coverage Dates: _____ to _____

Insurance Agent Phone Number: _____

E-ZPass Transponder Number (if applicable): _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Year: _____ Vehicle Color: _____



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Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

OSHP Crash Report Number (if applicable): _____

Description of Damage:

Additional Comments:

Please ensure to submit a picture of your **Certificate of Insurance**, your **Repair Invoice**, the **OSHP Crash Report** (if applicable), and any relevant information to your claim.

Submission of this form is not a guarantee of reimbursement.