

CLAIM FORM

(NOTICE OF CLAIM MUST BE FILED NOT LATER THAN 60 DAYS FROM THE DATE OF ACCIDENT)

City of Detroit Law Department
Claims Section
660 Woodward, Suite 1650
Detroit, Michigan 48226-3535

(Date)

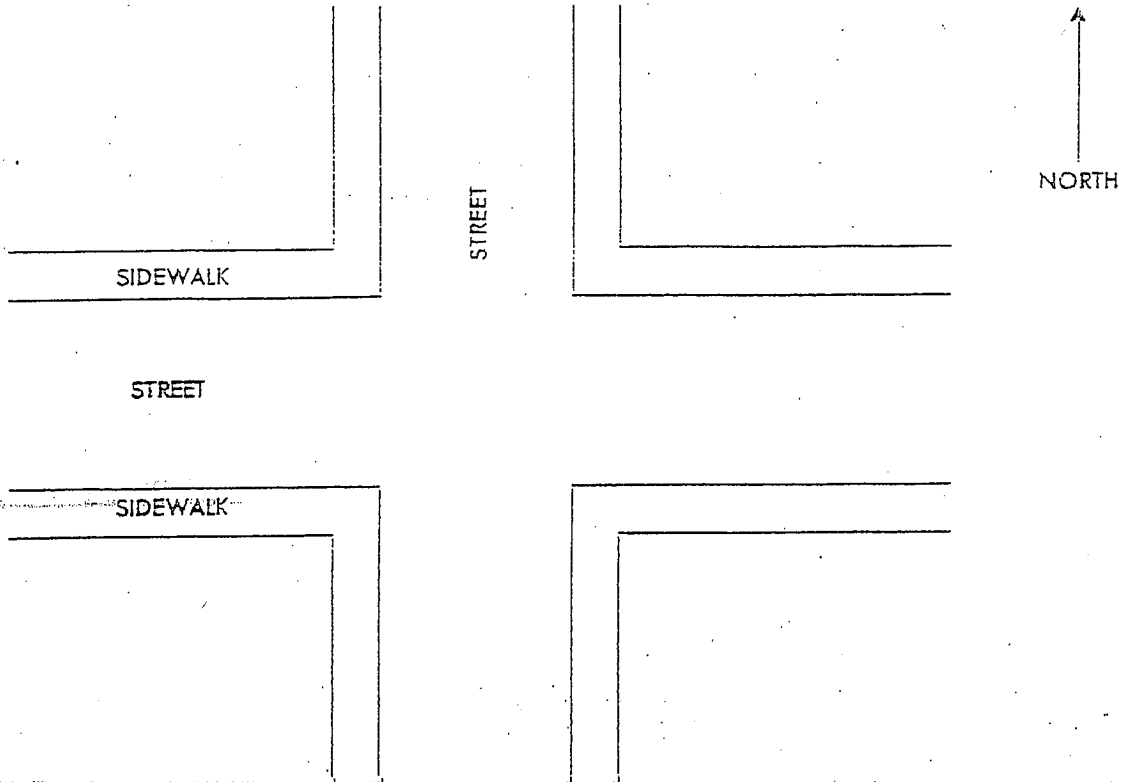
Gentlemen:

Claim is hereby made against the City of Detroit due to the following happening on

_____ at _____ a.m., p.m.
(MONTH - DAY - YEAR) (TIME)

1. Location _____
(Exact location of accident including street address)

2. Make complete diagram. (USE FOR OUTDOOR ACCIDENTS)



3. If alleged accident was result of a condition in the street or sidewalk, describe it, giving exact location and nature of said condition.

6. Did you notify the police? Yes _____ No _____

7. If your vehicle was involved, give license number: _____ License number of other vehicle: _____

8. Amount of claim \$ _____
(ENCLOSE DOCTOR AND HOSPITAL BILLS ON PERSONAL INJURY CLAIMS)
(ENCLOSE TWO ESTIMATES ON PROPERTY DAMAGE CLAIMS)

9. List all known witnesses of accident. Use additional sheets if necessary.

(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)

Respectfully submitted,

(Name)

(Address)

(City)

(Zone)

(State)

(Telephone Number)

STATE OF MICHIGAN }
COUNTY OF WAYNE } ss.

Subscribed and sworn to before me this _____ day of _____, A.D. _____

(Notary Public, Wayne County, Michigan)

(Date Commission Expires)

THIS CLAIM MUST BE NOTARIZED

10. HAVE YOU MADE A CLAIM WITH YOUR OWN INSURANCE COMPANY? _____

11. PLEASE GIVE THE NAME AND ADDRESS OF YOUR INSURANCE COMPANY
AND POLICY NUMBER:

12. HAVE YOU MADE ANY OTHER COMPLAINTS OR REPORTS REGARDING THIS
INCIDENT? _____ IF YES, PLEASE SPECIFY BELOW:

13. PLEASE SUBMIT A COPY OF YOUR VEHICLE REGISTRATION OR TITLE.

14. HAVE YOU PREVIOUSLY FILED ANY OR HAVE ANY OUTSTANDING CLAIMS
AGAINST THE CITY OF DETROIT? _____ IF YES, PLEASE SPECIFY:

USE ADDITIONAL SHEETS IF NECESSARY.