

# Claim Form

(Notice of Claim Must Be Filed Not Later Than 45 Days from the Date of Accident)

City of Detroit Law Department  
Claims Section  
2 Woodward, Suite 500  
Detroit, MI 48226

\_\_\_\_\_  
(Today's Date)  
\_\_\_\_\_  
(Print Name)

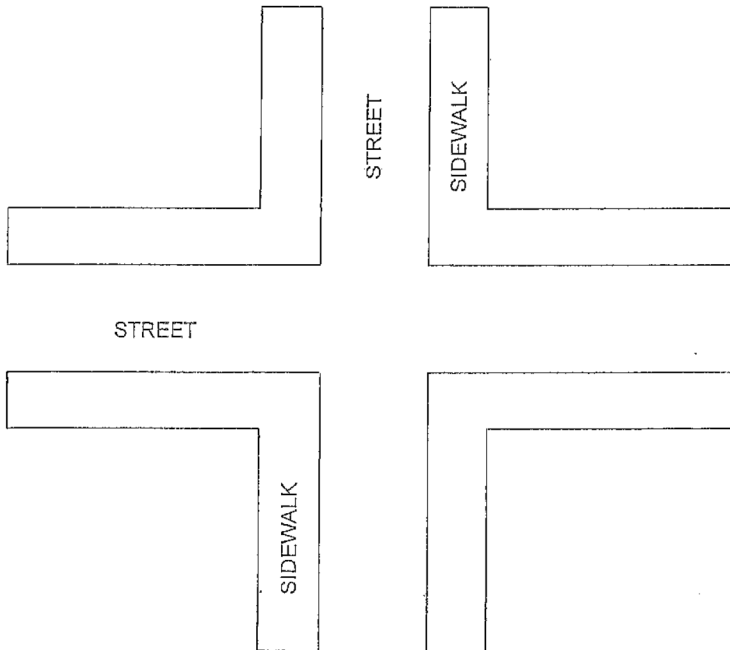
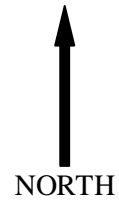
Gentlemen:

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

\_\_\_\_\_ at \_\_\_\_\_ AM, PM  
(Month -Day- Year ) (Time)

1. LOCATION: \_\_\_\_\_  
(Enter location of accident including street address )

2. Make complete diagram. ( Use for Outdoor Accidents)





6. Did you notify the police? Yes \_\_\_\_\_ No\_\_\_\_\_

7. If your vehicle was involved, give license number \_\_\_\_\_

8. Amount of claim \$ \_\_\_\_\_  
(Include doctor and hospital bills on personal injury claims)  
( Include two estimates on property damage claims)

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

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(Name)	(Address)	(Telephone)
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(Name)	(Address)	(Telephone)
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(Name)	(Address)	(Telephone)
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(Name)	(Address)	(Telephone)
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(Name)	(Address)	(Telephone)
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10. Have you made a claim with your insurance company? \_\_\_\_\_

11. Please give the name and address of your insurance company and policy number:

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12. Have you made any other complaints or reports regarding this incident?

\_\_\_\_\_ If yes, please specify below.

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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 specify.

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**USE ADDITIONAL SHEETS IF NECESSARY.**

Respectfully submitted.

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(Phone Number)

State of Michigan }  
County of \_\_\_\_\_ }

Subscribed and sworn to before me \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Notary Public \_\_\_\_\_ County, Michigan)

\_\_\_\_\_  
(Date Commission Expires)

**THIS CLAIM MUST BE NOTARIZED**