



City of Detroit Law Department
2 Woodward Avenue
Suite 500
Detroit, Michigan 48226
Phone: (313) 224-4550
Fax: (313) 224-5505

Dear Valued Citizen,

Please find enclosed the claim form that you requested. Please complete the form in its entirety, have it notarized and return it to our office in the self-addressed envelope included. Thank you for your patience.

TO ASSIST THIS DIVISION OF THE CITY OF DETROIT LAW DEPARTMENT TO EXPEDITE THE INVESTIGATION OF YOUR CLAIM, PLEASE ENCLOSE THE FOLLOWING ITEMS:

VEHICLE DAMAGE:

- COPY OF NO FAULT INSURANCE CERTIFICATE
- COPY OF VEHICLE REGISTRATION
- DECLARATION PAGE OF AUTO INSURANCE POLICY SHOWING YOUR DEDUCTIBLE, IF APPLICABLE
- CLEAR PICTURES OF VEHICLE DAMAGES
- THREE (3) ESTIMATES FOR REPAIRS

PROPERTY DAMAGE:

- CLEAR PICTURES OF PROPERTY DAMAGES
- THREE (3) ESTIMATES FOR REPAIRS
- COPY OF HOMEOWNERS INSURANCE POLICY, DECLARATION PAGE
- COPY OF RECEIPT, IF REPAIRS HAVE BEEN DONE

City of Detroit Law Department-Claims

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)

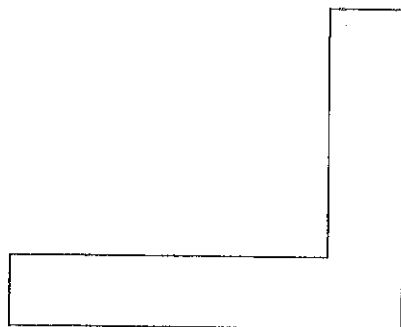
Gentlemen:

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)



STREET

SIDEWALK

STREET

SIDEWALK



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

4. How did the accident happen? Explain in detail, using additional sheets if necessary.

5. List in detail the injuries or damaged suffered. Use additional sheets, if necessary.

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.

(Name)	(Address)	(Telephone)

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.

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