

# 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)

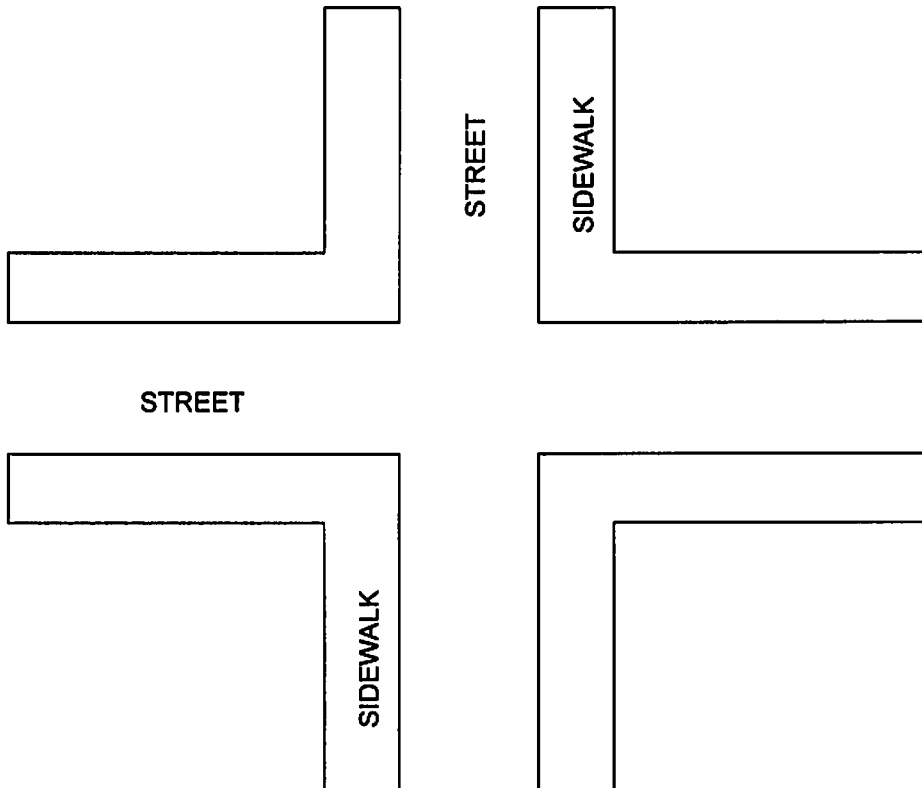
Gentlemen:

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)



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.

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

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

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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 three 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)

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.

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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**



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**LAW DEPARTMENT**

Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 500  
Detroit, Michigan 48226-3437

Phone 313•224•4550  
Fax 313•224•5505  
[www.detroitmi.gov](http://www.detroitmi.gov)

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 OR COPY OF RECEIPT IF REPAIRS HAVE BEEN MADE

**PROPERTY DAMAGE:**

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

City of Detroit Law Department-Claims