

CLAIM FORM

Mail to:

**City of Detroit Law Department
Claims Section
2 Woodward, Suite 500
Detroit, Michigan 48226-3437**

Today's Date _____

To Whom It May Concern:

A claim is hereby made against The City of Detroit for the following incident which occurred on:

_____ at _____ a.m./p.m.
(Month, Day, Year) (Time)

1. **LOCATION:** _____
(Exact location, including address)

2. **DETAILS OF INCIDENT** (Use additional sheets if necessary):

3. **LIST IN DETAIL ALL INJURIES AND/OR DAMAGES:** _____

4. **AMOUNT OF CLAIM:** \$ _____

Please enclose:

- A. Doctor & hospital bills on injury claims.
 - B. Three (3) estimates on property damage claims.
 - C. Verification of lost wages.
 - D. License plate numbers and vehicle identification numbers of vehicles involved in this incident.
- (Over)

5. **WITNESSES:**

| NAME | ADDRESS | PHONE# |
|------|---------|--------|
|------|---------|--------|

| NAME | ADDRESS | PHONE# |
|------|---------|--------|
|------|---------|--------|

6. **Have you made a claim with your insurance company?** ____Yes ____No
If yes, Please give the name and address of your insurance company and your policy #:

7. **Have you made any other complaints or reports regarding this incident?** __Yes __No
If yes, please specify: _____

8. **Identity of police officers involved, if known:**

9. **Information to be completed by the claimant:**

Printed Name and Signature

Address

| City | State | Zip | Phone Number |
|------|-------|-----|--------------|
|------|-------|-----|--------------|

| Social Security Number | Date of Birth | Driver's License Number |
|------------------------|---------------|-------------------------|
|------------------------|---------------|-------------------------|

{State of Michigan}

{County of _____}

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public, _____ County, Michigan

My Commission Expires: _____

THIS CLAIM MUST BE NOTARIZED



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

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