



VEHICLE DAMAGE CLAIM FORM

PLEASE TYPE OR PRINT LEGIBLY

Attach additional sheets if necessary
and all supporting documents

RETURN COMPLETED
FORM TO:

Wayne County Risk Management
Claims Division
500 Griswold, 20th Floor
Detroit, Michigan 48226
Phone : 313-224-7766

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BEST PHONE # TO CALL DURING THE DAY: _____ ALTERNATE #: _____

THIS CLAIM FORM IS TO BE FILLED OUT AS COMPLETELY AND ACCURATELY AS POSSIBLE IN ORDER FOR AN INVESTIGATION TO BE PERFORMED FOR YOUR CLAIM THAT IS BEING MADE AGAINST THE COUNTY OF WAYNE IN THE STATE OF MICHIGAN. PLEASE PROVIDE THE FOLLOWING INFORMATION:

WHERE DID THE INCIDENT TAKE PLACE, CITY: _____

LOCATION (road name): _____ NEAR: _____

DATE: _____ TIME: _____ AM / PM DIRECTION OF TRAVEL: _____

WAS A POLICE REPORT MADE? YES / NO IF YES, PLEASE IDENTIFY THE POLICE AGENCY
AND PROVIDE THE COMPLAINT / INCIDENT #: _____

DESCRIBE IN DETAIL THE INCIDENT: _____

WHAT IS THE YEAR OF THE VEHICLE: _____ MAKE: _____ MODEL: _____

LICENSE PLATE #: _____ VEH. IDENT. #: _____

DESCRIBE DAMAGES: _____

INSURANCE CARRIER: _____ POLICY/CLAIM #: _____

WAS ANY ONE INJURED IN THE INCIDENT: YES / NO IF YES, LIST NAME AND NATURE OF
INJURIES SUSTAINED FROM THIS INCIDENT.

NAME: _____ INJURY: _____

NAME: _____ INJURY: _____

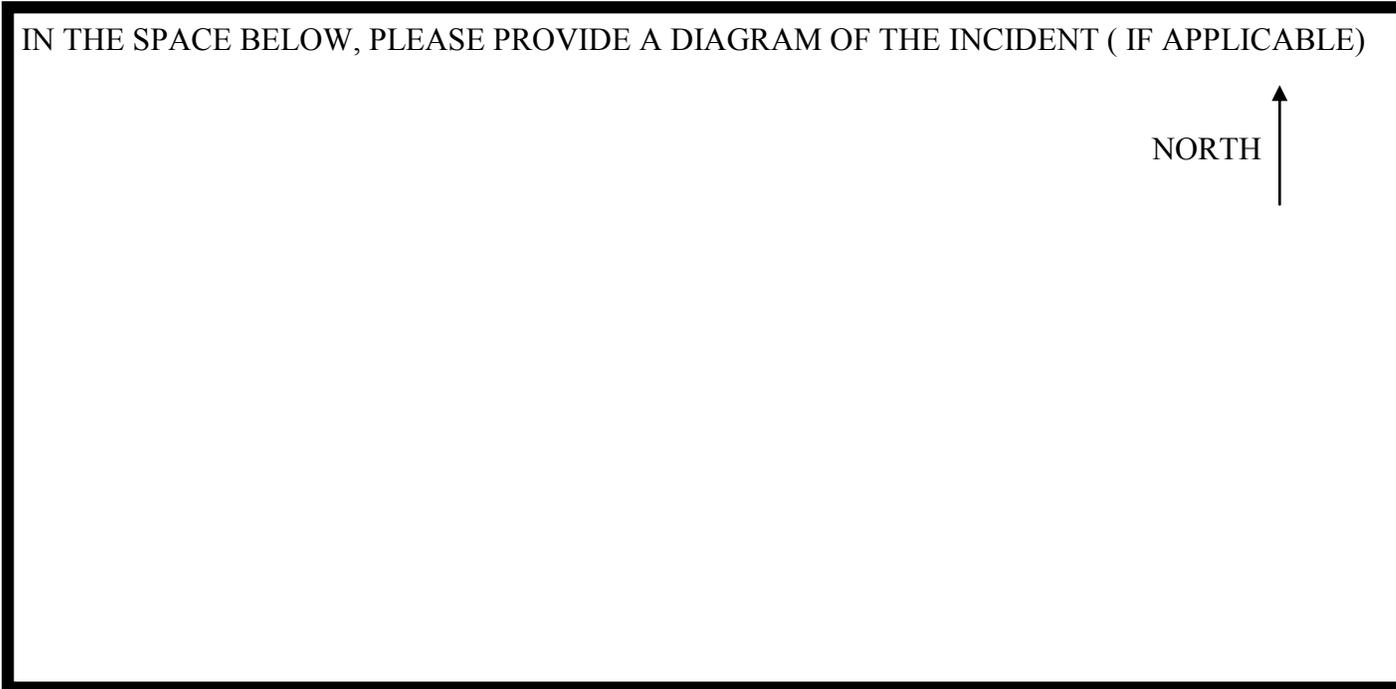
CONTINUE ON BACK SIDE 

DID ANY PERSON(S) WITNESS THE INCIDENT? YES / NO IF YES, PLEASE LIST :

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ DAYTIME PHONE # _____

IN THE SPACE BELOW, PLEASE PROVIDE A DIAGRAM OF THE INCIDENT (IF APPLICABLE)



YOU MUST BE ABLE TO PROVIDE EVIDENCE TO SUPPORT YOUR CLAIM THESE ITEM ARE TO BE ATTACHED TO THIS CLAIM FORM :

PROOF OF OWNERSHIP, COPY OF THE TITLE OR REGISTRATION

PROOF OF INSURANCE: COPY OF YOUR DECLARATION PAGE FROM YOUR INSURANCE COMPANY

PROOF OF DAMAGES: COPY OF WRITTEN ESTIMATES, PAID REPAIR INVOICE

ANY PHOTOGRAPHS AND ANY OTHER DOCUMENTS THAT MAYBE HELPFUL IN EVALUATING YOUR CLAIM.

ANY PHOTOCOPIES MUST BE LEGIBLE FOR POSSIBLE FURTHER COPYING.

AMOUNT OF DAMAGE: _____

AMOUNT PAID BY INSURANCE: _____

AMOUNT OF DAMAGE CLAIMED: _____

****** I CONTEND THAT THE INFORMATION AS SET FORTH ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE******

SIGNATURE _____ **DATE** _____