



# PROPERTY DAMAGE CLAIM FORM

**MAIL COMPLETED  
FORM TO:**  
Wayne County  
Risk Management  
Claims Division  
500 Griswold, 14th Floor  
Detroit, Michigan 48226  
Phone: 313-224-6076

**PLEASE TYPE OR PRINT LEGIBLY**  
Attach additional sheets if  
necessary.

**For your claim to be investigated for possible reimbursement, all information must be provided completely and accurately. Your claim must be filed within 120 days from the time the incident occurred.**

## CLAIMANT INFORMATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
\_\_\_\_\_

## INCIDENT INFORMATION

SERVICE REQUEST#: \_\_\_\_\_ (Contact 1-888-ROAD-CREW).  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM / PM  
CITY: \_\_\_\_\_ POLICE/SECURITY REPORT #: \_\_\_\_\_  
POLICE/SECURITY AGENCY: \_\_\_\_\_ DATE REPORT FILED: \_\_\_\_\_  
LOCATION (ROAD NAME/BUILDING ADDRESS): \_\_\_\_\_  
\_\_\_\_\_  
DESCRIBE INCIDENT (attach photos/diagram of loss): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**INJURY INFORMATION**

INJURIES – YES / NO (circle one)

If yes, list injured parties name(s) and nature of the injuries sustained from this incident.

NAME: \_\_\_\_\_ INJURY: \_\_\_\_\_

ADDRESS AND PHONE NUMBER(S) \_\_\_\_\_ CITY / STATE / ZIP CODE \_\_\_\_\_

NAME: \_\_\_\_\_ INJURY: \_\_\_\_\_

ADDRESS AND PHONE NUMBER(S) \_\_\_\_\_ CITY / STATE / ZIP CODE \_\_\_\_\_

**WITNESS INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE / ZIP CODE \_\_\_\_\_

**DWELLING/BUILDING/PROPERTY**

OWNER: YES / NO (circle one)

INSURANCE CARRIER: \_\_\_\_\_ POLICY#: \_\_\_\_\_

(Attach policy declaration page)

CLAIM NUMBER: \_\_\_\_\_

If NO:

OWNER NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF DAMAGES (attach receipts, estimate and photos): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMOUNT OF DAMAGE: \$ \_\_\_\_\_

AMOUNT PAID BY INSURANCE: \$ \_\_\_\_\_

AMOUNT BEING CLAIMED: \$ \_\_\_\_\_



Did you report the issue causing the damage to the Department of Public Services prior to this incident?

YES / NO (circle one)

If Yes,

Date Reported: \_\_\_\_\_

SERVICE REQUEST#: \_\_\_\_\_

Who was it reported to? \_\_\_\_\_

What was the issue(s) reported? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you filed other claims against Wayne County related to this loss?

YES (explain)      NO (circle one)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed a claim or received reimbursement for all or any portion of this claim from another source?

YES (explain)      NO (circle one)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: You must provide evidence to support your claim. Copies of the following documents must be submitted in order for your claim to be considered:**

- Home Owner insurance declaration page
- Written estimates of damage and/or repair receipts
- Photographs of property damage and incident scene

***By signing below, I certify all information is true and correct to the best of my knowledge. I understand the withholding of information or giving false information may result in prosecution.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

