PROPERTY DAMAGE CLAIM FORM

PLEASE TYPE OR PRINT LEGIBLY
Attach additional sheets if necessary.

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

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): _____________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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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                                           Date

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