

POLICE CLAIM FORM

Please mail to:

City of Detroit Law Department
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 DAMAGE: _____

(Over)

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

- Please enclose:
- A. Doctor & hospital bills on injury claims.
 - B. Two (2) estimates on property damage claims
 - C. Verification of lost wages.
 - D. License plates numbers and vehicle identification numbers of vehicles involved in this incident.

5. **WITNESSES:**

NAME	ADDRESS	PHONE#
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NAME	ADDRESS	PHONE#
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NAME	ADDRESS	PHONE#
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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 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 complete by the claimant:**

Printed Name

Address

City	State	Zip	Phone Number
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Social Security Number	Date of Birth	Driver's License Number
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