City of Lansing

OFFICE OF THE CITY ATTORNEY

CLAIM FORM - PROPERTY DAMAGE OR PERSONAL INJURY

NAME:_____ **DATE OF BIRTH:** _____ **DATE:**_____

MAILING ADDRESS (No PO Boxes):_____

CITY:_____ **STATE:**_____ **ZIP CODE:**_____

TELEPHONE: Home ( )_____ **Work ( )**_____

DATE/TIME OF INCIDENT:_____ **AMOUNT OF CLAIM:**_____

SOCIAL SECURITY #: _____

ADDRESS OR PLACE WHERE INCIDENT OCCURRED:_____

CIRCUMSTANCES (attach additional page(s) if necessary):_____

_____

_____

For Personal Injuries, Please Fill out This Section

EXTENT OF INJURIES (attach additional page(s) if necessary):_____

_____

_____

Did you seek medical treatment? _____ **Place of treatment:**_____

Mode of transportation:_____ **Police/Fire Dept involved?**_____ **Report #:**_____

Are you being seen by a physician? _____ **Physician's name:** _____

Are you seeking medical reimbursement? _____ **Amount: $**_____ **(please attach statements)**

Please provide names, addresses, telephone numbers of any witnesses (attach additional page(s) if necessary):

_____

Claim(s) against any other party(ies)? _____ **If so, please name:**

_____

For Property Damage/Automobile Damage, Please Fill out This Section

Note: Please attach two estimates for the damage.

Have you filed a claim with your insurance company?_____ **Amount of deductible**_____

Name of Insurance company_____ **Agent's name**_____

Attach insurance company response.

Please provide names, addresses, telephone numbers of any witnesses(attach additional page(s) if necessary):

_____

Return Completed Form to : **Office of the City Attorney, 124 W. Michigan, 5th Floor, Lansing, MI 48933**