

Mail Back To Saginaw County Road Commission, 3020 Sheridan Avenue, Saginaw, MI 48601

In order to assist us in evaluating your claim, please complete the "General" information section and any following sections which apply. Please be as descriptive as possible. Sign at the bottom and mail to the above address. (Completion of this form does not imply that your claim will be paid or that the Road Commission is liable for your damages.)

GENERAL	NAME: _____
	ADDRESS: _____ CITY: _____
	STATE: _____ ZIP CODE: _____ PHONE: (HOME): _____ (WORK): _____
	COUNTY IN WHICH ACCIDENT/INCIDENT OCCURRED: _____
	IF A COUNTY VEHICLE WAS INVOLVED, PROVIDE VEHICLE NUMBER: _____
	DATE & TIME OF ACCIDENT/INCIDENT: _____
	LOCATION OF ACCIDENT/INCIDENT: _____
	POLICE NOTIFICATION? YES _____ NO _____ COMPLAINT NUMBER: _____
	DESCRIPTION OF ACCIDENT/INCIDENT: _____ _____
	WITNESSES: YES _____ NO _____ (If so, provide name, address, and telephone numbers on back of this form.)
INJURY	INJURED? YES _____ NO _____ (If yes, please describe): _____ _____
	MEDICAL FACILITY TREATED AT: _____
	ARE YOU TREATING NOW? YES _____ NO _____
	HAVE YOU LOST ANY TIME FROM WORK?: YES _____ NO _____ (If yes, how long?): _____
	NAME, ADDRESS, PHONE NUMBER OF EMPLOYER: _____ _____
	DATE RETURNING TO WORK: _____
AUTO	AUTOMOBILE INVOLVED: MAKE: _____ MODEL: _____ YEAR: _____
	DESCRIBE DAMAGE: _____ _____
	ATTACH (2) ESTIMATES: SHOP #1 EST. \$ _____ SHOP #2 EST. \$ _____
	AUTO INSURANCE INFORMATION (Name, Address, Phone Number of Carrier): _____ _____
	AGENT'S NAME: _____ POLICY #: _____
	COLLISION COVERAGE: YES: _____ NO: _____ DEDUCTIBLE \$ _____ COMPREHENSIVE COVERAGE: YES: _____ NO: _____ DEDUCTIBLE \$ _____
HAS CLAIM BEEN REPORTED TO YOUR CARRIER?: YES: _____ NO: _____	
PROPERTY	DESCRIBE PROPERTY DAMAGE: _____ _____
	ATTACH (2) ESTIMATES: EST. #1 \$ _____ EST. #2 \$ _____
	PROPERTY COVERAGE: YES _____ NO _____ DEDUCTIBLE \$ _____
	NAME, ADDRESS, PHONE NUMBER & AGENT'S NAME: _____ _____
	POLICY #: _____

SIGNATURE: _____ DATE: _____
(Required)

NOTE: A police report and a copy of your insurance declaration page (showing policy dates and coverage's, pertinent to accident date) will be required to give full attention to your claim. Any information requested on this form that you fail to supply will only cause delay in the processing of your claim. Please allow 3 to 4 weeks for handling of this claim.