CITY OF SAGINAW

CLAIM REPORT

1315 S. Washington

Saginaw, MI 48601

Phone: (989) 759-1480 Fax: (989) 759-1447

Location of Claim/Incident					
Claimant's Name			Phone Number	er I	ncident Date
Claimant's Address				[Date Reported
PERSONAL INJURY					
Age			Part of Body Injured		
Hospital		How Transported			
PROPERTY DAMAGE					
AUTOMOBILE			OTHER PROPERTY		
Vehicle Year	Vehicle Make		(Fence, house, clo	othing, etc.)	
Nature & Extent of Damage					
Insurance Company			Estimated Cost (Attach receipts, estimates)		
DESCRIPTION OF OCCURRENCE (ATTACH SUPPORTING DATA)					
Claimant's Signature			D-	lico Donart No. (attach conv
Claimant's Signature				Police Report No. (or attach copy)	
Name Address Phone					
1)		Audiess			Thone
2)					
3)					
City Employee Accepting Report				Date	