

# CITY OF SAGINAW

1315 S. Washington

Saginaw, MI 48601

# CLAIM REPORT

Phone: (989) 759-1480

Fax: (989) 759-1447

Location of Claim/Incident		
Claimant's Name	Phone Number	Incident Date
Claimant's Address		Date Reported
<b>PERSONAL INJURY</b>		
Age	Occupation	Part of Body Injured
Hospital		How Transported
<b>PROPERTY DAMAGE</b>		
<b>AUTOMOBILE</b>		<b>OTHER PROPERTY</b>
Vehicle Year	Vehicle Make	(Fence, house, clothing, etc.)
Nature & Extent of Damage		
Insurance Company		Estimated Cost (Attach receipts, estimates)
<b>DESCRIPTION OF OCCURRENCE (ATTACH SUPPORTING DATA)</b>		
Claimant's Signature		Police Report No. (or attach copy)
<b>WITNESSES</b>		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
1)		
2)		
3)		
City Employee Accepting Report		Date