

**PERSONAL INJURY/  
PROPERTY DAMAGE CLAIM FORM**

**CITY OF GRAND RAPIDS**

Risk Management - Claims  
869 City Hall  
Grand Rapids, MI 49503  
616-456-3707  
616-456-3728 (FAX)

CITY CLAIM NUMBER \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ Fax# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Exact Location of Incident \_\_\_\_\_

Describe the incident in detail (use the back of this form if more room is needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any witnesses, including name, address and phone number: \_\_\_\_\_

\_\_\_\_\_

Did you contact the police or any City employee: \_\_\_\_\_ Identify: \_\_\_\_\_

\_\_\_\_\_

**DAMAGES** - Specifically list the damages (attach estimates, receipts, all related documentation). If personal injury, describe medical treatment sought. If Property damage occurred, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all bills paid: \_\_\_\_\_

List all unpaid bills: \_\_\_\_\_

Did you file a claim with your insurance company? \_\_\_\_\_ Name of your insurance agent and company: \_\_\_\_\_

\_\_\_\_\_

Please state the total amount you are claiming from the City: \$ \_\_\_\_\_

***I hereby swear that the above information is true under penalty of law.***

\_\_\_\_\_ Date \_\_\_\_\_ Claimant Signature

**City Use Only:**

Reserve: \_\_\_\_\_ Inquiries: \_\_\_\_\_ SL:  Y  N

**Action Taken:** Approved  Denied  Closed  Amount: \$ \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed on Behalf of City Attorney \_\_\_\_\_ Date \_\_\_\_\_ Signed on Behalf of City Manager \_\_\_\_\_ Date \_\_\_\_\_

INDEX: \_\_\_\_\_ SUBJECT: \_\_\_\_\_ DUE: \_\_\_\_\_ USER/PROJECT CODE: \_\_\_\_\_