

RISK

Michigan Municipal
**MANAGEMENT
 AUTHORITY**

CLAIM / INCIDENT REPORT

Note: Use this form (1) to report any claim which caused bodily injury or property damage or (2) to report any incident which has the potential to cause bodily injury or property damage.

(1) Name of Member	(2) Department	(3) Phone Number	(4) Reported By
(5) Exact Location of Claim/Incident	(6) Date of Claim/Incident	(7) Time: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	(8) Date Reported

PERSONAL INJURY Claim <input type="checkbox"/> Incident <input type="checkbox"/>		PROPERTY DAMAGE Claim <input type="checkbox"/> Incident <input type="checkbox"/>	
(9) Name and Address of Injured Person or Claimant		(15) Property Damaged	
(12) Nature of Injury		(16) Nature of Damage	
(14) Part of Body Injured		(17) Extent of Damage: total loss of vehicle	
(20) Witnesses Names and Addresses		(11) Phone	(18) Estimated
1) _____		(19) Actual Cost	
2) _____		Phone No: _____	
3) _____		Phone No: _____	
4) _____		Phone No: _____	
(13) Age		Phone No: _____	

(21) Describe clearly how the claim/incident occurred (attach any supporting data)	POLICE REPORT NUMBER

Evaluation (22) Loss Potential <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor	(23) Probable Recurrence <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare
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(24) Suggestions or actions taken to prevent recurrence	(25) LAWSUIT
	A. Date of Service
	B. Method of Service (Personal or Mail)
	C. Name of Person Served

(26) Submitted by:	(27) Date	(28) M.M.R.M.A. Reviewed	(29) Date
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