

FORWARD THIS REPORT TO: CITY OF WESTLAND FINANCE DEPARTMENT
36300 WARREN ROAD, WESTLAND, MI 48185
Telephone: (734) 467-3169 (EMAIL finance@cityofwestland.com)

LIABILITY CLAIM / INCIDENT REPORT

*Use this form to report: 1) any claim which caused bodily injury or property damage to a Claimant or 2) any incident that has potential to cause bodily injury or property damage to a Claimant.

(1) Name of MMRMA Member: City of Westland	(2) Member Department: Finance Dept	(3) Member Department Phone #: 734-467-3169	(4) Reported By:
(5) Exact Location of Claim/Incident:	(6) Date of Claim/Incident:	(7) Time of Incident: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	(8) Date Reported By Department:

(9) **TYPE OF CLAIM:**

Bodily Injury Civil Rights Complaint Open Meetings Act Zoning Dispute Personal Injury
 Property Damage EEOC/MDCR Complaint Freedom of Information Act Land Use Dispute Data Breach / Cyber

Claim Notice Only

CLAIMANT INFORMATION

(10) Claimant's Name: Name of Parent or Guardian (if applicable):	Claimant's Address:	Claimant's Telephone #: Cell #: Home #: Work #:
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BODILY INJURY INFORMATION

PROPERTY DAMAGE INFORMATION

	(18) Describe Property Damaged:
	(19) Cause of Damage:
	(20) Extent of Damage:
	(21) Estimated Cost to Repair: \$ (22) Actual Cost to Repair: \$

(23) Name of Witness:	Witness Address:	Witness Telephone #:
1)		
2)		
3)		

(24) Photographs Taken? Yes <input type="checkbox"/> No <input type="checkbox"/> Photographs Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(25) Other Supporting Documents? Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Documents Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(26) Police Report #: Police Report Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
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(27) Please describe in detail how the claim/incident occurred (attach any supporting data):