

# LOSS FORM

So that we may properly evaluate your loss, please complete the "General" information sections and any following sections that apply. Please be as descriptive as possible and attach additional pages, if necessary. This form is for administrative purpose only and should not be construed as legal advice. Completion of this form does not imply that you will be compensated for your loss or that the Road Commission is liable for any asserted damages. This form does not constitute, substitute for, or replace any legal notice required by any statute or law in the State of Michigan, whether contained in the Governmental Tort Liability Act, MCL 691.1401 et seq., or otherwise. By accepting this form, the Road Commission does not waive any defense available to it under the laws of the State of Michigan.

<b>G E N E R A L</b>	Name: _____ Work: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone No. _____ County in which accident/incident occurred: _____ If a county vehicle was involved, provide vehicle number: _____ Date & time of accident/incident: _____ Location of accident/incident: _____ Police notification: Yes _____ No _____ Complaint No. _____ Description of accident/incident: _____ _____ _____
<b>I N J U R Y</b>	Injured: Yes _____ No _____ (If yes, please describe) _____ _____ _____ Medical facility providing treatment & address: _____ Phone #: _____ Are you treating now? Yes _____ No _____ Have you lost any time from work? Yes _____ No _____ (If yes, how long?) _____ Employer's Name: _____ Address: _____ Phone #: _____ Date returning to work: _____
<b>A U T O</b>	Automobile involved Make: _____ Model: _____ Year: _____ Describe damage: _____ _____ Attach (2) estimates: Shop No. 1 Est. \$ _____ Shop No. 2 Est. \$ _____ Auto Insurance information Name/Address: _____ Phone #: _____ Agent's Name: _____ Policy No. _____ Collision coverage: Yes _____ No _____ Deductible: \$ _____ Comprehensive coverage: Yes _____ No _____ Deductible: \$ _____ Has claim been reported to your carrier? Yes _____ No _____ Is there a lien on this vehicle? Yes _____ No _____
<b>P R O P E R T Y</b>	Describe property damage: _____ _____ Attach (2) estimates: Est. No. 1 \$ _____ Est. No. 2 \$ _____ Homeowner's/Commercial Property Coverage: Yes _____ No _____ Deductible: \$ _____ Insurance carrier: _____ Agent's Name: _____ Address: _____ Phone #: _____ _____ Policy #: _____

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

**Note :** A police report and a copy of your insurance declaration page (showing policy dates and coverages pertinent to loss date) are required, if applicable. Failure to provide the information requested on this form will cause a delay in the processing of your loss. Please allow 30 days for processing.

## **INSTRUCTIONS FOR REPORTING LOSSES**

If you are seeking compensation from the Emmet County Road Commission for bodily injury or property damage, please complete the enclosed Loss Form and return it (with any attachments) to:

**MCRC SIP Claims  
P.O. Box 15067  
Lansing, MI 48901**

Losses reported to the Emmet County Road Commission are evaluated on a case-by-case basis by the Claims Department and are adjudicated according to Michigan law. The Emmet County Road Commission has no independent authority to settle or compensate alleged losses.

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Please allow 3 - 4 weeks for processing.