



DAMAGE CLAIM FORM

DCS Number:

Information must be provided completely and accurately in order for your claim to be considered. A claim against RCOC for alleged monetary damages can only be considered for that portion not otherwise covered by insurance

NOTE: Please provide the following if available: Copy of the police report; Copies of written estimates of damages, if applicable; Bills or proof of payment for any damages allegedly suffered but not covered by insurance; Photographs or any other documentation which could help substantiate your claim against the Road Commission for Oakland County. (RCOC)

Name: Phone Number

Street Address: City: State: Zip Code:

Date and time of loss: Amount of claim: \$

Location:

If road or bridge claim, list road name, direction of travel, lane, closest crossroad and county; if building, list address; if RCOC vehicle, provide description and license number.

Describe your injury, loss or damage in detail:

How did you determine the value of your claim? Describe in detail and attach copies of receipts or estimates:

Explain why you feel RCOC is responsible. Describe alleged highway or buiding defect or alleged negligent operation of an RCOC vehicle:

Explain why you are not at fault and why you could not have prevented this loss:

Have you filed any other claims against the Road commission for Oakland County related to this loss? if so, list and/or attach copies.

Have you filed a claim or received reimbursement for all or any portion of this claim from another source?

Did your incident occur in a construction zone?

Do you have any other potential source of reimbursement (such as motor vehicle insurance) for all or a portion of this claim? Please explain

Witnesses - Provide names, addresses, phone numbers

Other information which you feel should be considered.

I certify that the above information is, to the best of my knowledge, true and provided this claim is approved, I fully release and discharge the Road Commission for Oakland County from all other causes of action, liabilities and damages I may have pertaining to this claim.

Claimant Signature: Date: