



MONROE COUNTY **R O A D** COMMISSION

840 S. Telegraph Road • Monroe, Michigan 48161 • Phone: (734) 240-5102 • Fax: (734) 240-5101

Updated: May 12, 2022

INSTRUCTIONS FOR FILING INJURY, AUTO, OR PROPERTY DAMAGE CLAIMS

If you are seeking compensation from the **Monroe County Road Commission (MCRC)** for bodily injury, auto or property damage, a Claim Form must be completed and returned. Your claim will then be submitted to our claims administrator at the Michigan County Road Commission Self-Insurance Pool (MCRCSIP) for processing.

Claims filed with the Monroe County Road Commission are decided on a case-by-case basis by the claims administrator at MCRCSIP, and are adjudicated based on Michigan state laws. The Monroe County Road Commission has no authority to independently settle claims.

If your claim for damages arises from an alleged defect in a road under the jurisdiction of the Monroe County Road Commission, you must comply with *all* provisions of the attached statute, MCL691.1404. Failure to fully comply with all provisions of the statute will result in the denial of your claim.

You may return your completed claim form to the Monroe County Road Commission by email at reception@mcrc-mi.org, deliver the documents to our main office or mail them to the address indicated below:

Monroe County Road Commission
Attn: Property Damage Claim Processor
840 South Telegraph Road
Monroe, MI 48161

Completed claim forms may also be submitted to MCRCSIP directly by mail at the following address:

Michigan County Road Commission
Self-Insurance Pool
Claims Department
PO Box 15067
Lansing, MI 48901

Please note that the claim forms must be completed in their entirety in order to be accepted for processing.

Thank you,

MONROE COUNTY ROAD COMMISSION

CLAIM FORM

So that we may properly evaluate your claim, please complete the "General" information section and any following sections that apply. Please be as descriptive as possible. (Completion of this form does not imply that your claim will be paid or that the Road Commission is liable for your damages.)

G E N E R A L	<p>NAME: _____</p> <p>ADDRESS: _____ CITY: _____</p> <p>STATE: _____ ZIP CODE: _____ PHONE: (HOME): _____ (WORK): _____</p> <p>COUNTY IN WHICH ACCIDENT/INCIDENT OCCURRED: <u>MONROE COUNTY</u></p> <p>IF A COUNTY VEHICLE WAS INVOLVED, PROVIDE VEHICLE NUMBER: _____</p> <p>DATE & TIME OF ACCIDENT/INCIDENT: _____</p> <p>LOCATION OF ACCIDENT/INCIDENT: _____</p> <p>POLICE NOTIFICATION? YES _____ NO _____ COMPLAINT NUMBER: _____</p> <p>DESCRIPTION OF ACCIDENT/INCIDENT: _____</p> <p>_____</p> <p>_____</p> <p>WITNESSES: YES _____ NO _____ (If so, provide name, address, and telephone numbers on back of this form.)</p>
I N J U R Y	<p>INJURED? YES _____ NO _____ (If yes, please describe): _____</p> <p>_____</p> <p>_____</p> <p>MEDICAL FACILITY PROVIDING TREATMENT: _____</p> <p>ARE YOU TREATING NOW? YES _____ NO _____</p> <p>HAVE YOU LOST ANY TIME FROM WORK?: YES _____ NO _____ (If yes, how long?): _____</p> <p>NAME, ADDRESS, PHONE NUMBER OF EMPLOYER: _____</p> <p>_____</p> <p>DATE RETURNING TO WORK: _____</p>
A U T O	<p>AUTOMOBILE INVOLVED: MAKE: _____ MODEL: _____ YEAR: _____</p> <p>DESCRIBE DAMAGE: _____</p> <p>_____</p> <p>ATTACH (2) ESTIMATES: SHOP #1 EST. \$ _____ SHOP #2 EST. \$ _____</p> <p>AUTO INSURANCE INFORMATION (Name, Address, Phone Number of Carrier): _____</p> <p>_____</p> <p>AGENT'S NAME: _____ POLICY #: _____</p> <p>COLLISION COVERAGE: YES: _____ NO: _____ DEDUCTIBLE \$ _____</p> <p>COMPREHENSIVE COVERAGE: YES: _____ NO: _____ DEDUCTIBLE \$ _____</p> <p>HAS CLAIM BEEN REPORTED TO YOUR CARRIER?: YES: _____ NO: _____</p> <p>IS THERE A LIEN ON THIS VEHICLE?: YES: _____ NO: _____</p>
P R O P E R T Y	<p>DESCRIBE PROPERTY DAMAGE: _____</p> <p>_____</p> <p>_____</p> <p>ATTACH (2) ESTIMATES: EST. #1 \$ _____ EST. #2 \$ _____</p> <p>HOMEOWNER'S/COMMERCIALPROPERTY COVERAGE: YES _____ NO _____ DEDUCTIBLE \$ _____</p> <p>INSURANCE CARRIER: _____</p> <p>NAME, ADDRESS, PHONE NUMBER & AGENT'S NAME: _____</p> <p>_____ POLICY #: _____</p>

SIGNATURE: _____ DATE: _____
(Required)

NOTE: A police report and a copy of your insurance declaration page (showing policy dates and coverages pertinent to accident date) are required if applicable to your claim. Information requested on this form that you fail to provide will cause delay in the processing of your claim. Please allow 3 to 4 weeks for handling of this claim.

Image of Auto or Property Damage:

Image of Auto or Property Damage:

Image of Road Related Defect Which Caused Damage:

Image of Road Related Defect Which Caused Damage:

Please upload a image of your repair estimate or receipt:

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