

## **CLAIMANT ROAD CONDITION FORM**

Upon completion of this form, please submit to CITY OF GRAND RAPIDS, RISK MANAGEMENT, 300 MONROE AVE. NW, GRAND RAPIDS, MI 49503; or fax to: (616)456-3728.

1. Your name:

### **LOCATION**

2. What street were you driving on when you hit the road condition or pothole?
3. What was the nearest cross street to where you hit the road condition?
4. What was the closest house/business address to where you hit the road condition?
5. Were you traveling North; South; East; or West?
6. How many lanes of traffic were traveling the same direction as you?
7. If there was more than one lane of traffic traveling in the same direction as you, which lane were you in? (Example: next to the curb or near the center?)
8. If there was a utility cover involved (i.e., manhole cover), please explain:

### **VEHICLE INVOLVED**

1. What is the year and make of your automobile?
2. What is the current mileage on your automobile?
3. List damages to vehicle:
4. If a tire was damaged, when was it purchased? How much did you pay? How many miles have you driven since you put this tire on your car?

(NOTE: Unless actual receipts of purchase can be provided, all claims for damages to tires will be considered as if the tire had average wear and was of average value.)

5. Please attach copies of actual repair bills (or estimates) for your damages.