

CLAIM OF DAMAGES LESS THAN \$1,000

This information is required in accordance with Van Buren County Road Commission policy. Information must be provided completely and accurately in order for your claim to be considered. A claim against Van Buren County Road Commission 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.

NAME		SOCIAL SECURITY NUMBER		TELEPHONE NUMBER	
STREET ADDRESS			CITY	STATE	ZIP CODE
DATE AND TIME OF LOSS			AMOUNT OF YOUR CLAIM		
LOCATION - If road or bridge claim, list road name, direction of travel, lane, closest crossroad; if building, list address; if Van Buren County Road Commission vehicle, provide description and license plate 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 VAN BUREN COUNTY ROAD COMMISSION IS RESPONSIBLE. Describe alleged highway or building defect or alleged negligent operation of Road Commission vehicle.					
EXPLAIN WHY YOU ARE NOT AT FAULT AND WHY YOU COULD NOT HAVE PREVENTED THIS LOSS.					
HAVE YOU FILED ANY OTHER CLAIMS AGAINST VAN BUREN COUNTY RELATED TO THIS LOSS? If so, list and/or attach copies. <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU FILED A CLAIM OR RECEIVED REIMBURSEMENT FOR ALL OR ANY PORTION OF THIS CLAIM FROM ANOTHER SOURCE? Please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO					
DID YOUR INCIDENT OCCUR IN A CONSTRUCTION ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DO YOU HAVE ANY OTHER POTENTIAL SOURCE OF REIMBURSEMENT (SUCH AS MOTOR VEHICLE INSURANCE) FOR ALL OR A PORTION OF THIS CLAIM? Please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO					
WITNESSES – Provide names, addresses, and telephone 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 Van Buren County Road Commission from all other causes of action, liabilities and damages I may have pertaining to this claim.					
----- Claimant Signature			----- Date		