



# Macomb County Department of Roads Property Damage Claim Report

Claimant Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location (include road, direction traveling, and main crossroads, i.e. southbound Mound between 12 and 13 Mile)

\_\_\_\_\_  
\_\_\_\_\_

Detailed description of incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Damages \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ THE INFORMATION ATTACHED. IF YOU WOULD LIKE TO FILE A CLAIM, JUST FILL OUT THIS FORM COMPLETELY AND MAIL, EMAIL OR FAX TO:**

Sue VanSteelandt  
Macomb County Department of Roads  
117 South Groesbeck Highway, Mt. Clemens, MI 48043  
Phone 586.463.8671 x1125  
Fax 586.463.8682  
Email [svan@rcmcweb.org](mailto:svan@rcmcweb.org)

All claims are replied to in writing, normally within 21 days.

This form does not provide notice of a bodily injury claim. Please consult with a legal representative of your own choosing or refer to the applicable law to file a claim for bodily injury.