

INSTRUCTIONS FOR REPORTING LOSSES

If you are seeking compensation from the **Montcalm County Road Commission** for bodily injury or property damage, please complete the enclosed Loss Form and return it (with any attachments) to:

MCRCSIP Claims
P.O. Box 15067
Lansing, MI 48901

Losses reported to the **Montcalm County Road Commission** are evaluated on a case-by-case basis by the Claims Department and are adjudicated according to Michigan law. The **Montcalm County Road Commission** has no independent authority to settle or compensate alleged losses.

The enclosed Loss Form is utilized by the Claims Department for administrative purposes only and should **not** be construed as legal advice. Completion of the Loss Form does not imply that you will be compensated for your loss or that the Road Commission is liable for any asserted damages. The Loss Form does **not** constitute, substitute for, or replace any legal notice required by any statute or law in the State of Michigan, whether contained in the Governmental Tort Liability Act, MCL 691.1401, et seq., or otherwise. By providing and/or accepting the Loss Form, the Road Commission does not waive any defense available to it under the laws of the State of Michigan.

Please allow 3-4 weeks for processing.

LOSS FORM

So that we may properly evaluate your loss, please complete the "General" information section and any following sections that apply. Please be as descriptive as possible and attach additional pages, if necessary. This form is for administrative purposes only and should not be construed as legal advice. Completion of this form does not imply that you will be compensated for your loss or that the Road Commission is liable for any asserted damages. This form does not constitute, substitute for, or replace any legal notice required by any statute or law in the State of Michigan, whether contained in the Governmental Tort Liability Act, MCL 691.1401, et seq., or otherwise. By accepting this form, the Road Commission does not waive any defense available to it under the laws of the State of Michigan.

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

SIGNATURE: _____ DATE: _____
 (Required)

NOTE: A police report and a copy of your insurance declaration page (showing policy dates and coverages pertinent to loss date) are required, if applicable. Failure to provide the information requested on this form will cause delay in the processing of your loss. Please allow 30 days for processing.

GOVERNMENTAL LIABILITY FOR NEGLIGENCE (EXCERPT)
Act 170 of 1964

691.1404 Notice of injury and defect in highway.

Sec. 4. (1) As a condition to any recovery for injuries sustained by reason of any defective highway, the injured person, within 120 days from the time the injury occurred, except as otherwise provided in subsection (3) shall serve a notice on the governmental agency of the occurrence of the injury and the defect. The notice shall specify the exact location and nature of the defect, the injury sustained and the names of the witnesses known at the time by the claimant.

(2) The notice may be served upon any individual, either personally, or by certified mail, return receipt requested, who may lawfully be served with civil process directed against the governmental agency, anything to the contrary in the charter of any municipal corporation notwithstanding. In case of the state, such notice shall be filed in triplicate with the clerk of the court of claims. Filing of such notice shall constitute compliance with section 6431 of Act No. 236 of the Public Acts of 1961, being section 600.6431 of the Compiled Laws of 1948, requiring the filing of notice of intention to file a claim against the state. If required by the legislative body or chief administrative officer of the responsible governmental agency, the claimant shall appear to testify, if he is physically able to do so, and shall produce his witnesses before the legislative body, a committee thereof, or the chief administrative officer, or his deputy, or a legal officer of the governmental agency as directed by the legislative body or chief administrative officer of the responsible governmental agency, for examination under oath as to the claim, the amount thereof, and the extent of the injury.

(3) If the injured person is under the age of 18 years at the time the injury occurred, he shall serve the notice required by subsection (1) not more than 180 days from the time the injury occurred, which notice may be filed by a parent, attorney, next friend or legally appointed guardian. If the injured person is physically or mentally incapable of giving notice, he shall serve the notice required by subsection (1) not more than 180 days after the termination of the disability. In all civil actions in which the physical or mental capability of the person is in dispute, that issue shall be determined by the trier of the facts. The provisions of this subsection shall apply to all charter provisions, statutes and ordinances which require written notices to counties or municipal corporations.

History: 1964, Act 170, Eff. July 1, 1965;—Am. 1970, Act 155, Imd. Eff. Aug. 1, 1970;—Am. 1972, Act 28, Imd. Eff. Feb. 19, 1972

Constitutionality: Notice requirement provision of section held to arbitrarily split all tortfeasors into two differently treated subclasses: private tortfeasors to whom no notice of claim is required, and governmental tortfeasors to whom notice is required. Such treatment held to violate equal protection guarantee of U.S. Const., Amend. XIV, § 1, and Mich. Const., Art. I, § 2. *Reich v. State Highway Department*, 386 Mich. 617, 194 N.W.2d 700 (1972).

The 120-day notice provision contained in this section does not violate the Michigan Constitution if it is posited as having the legitimate purpose of avoiding actual prejudice to the state. *Hobbs v. Department of State Highways*, 398 Mich. 90, 247 N.W.2d 754 (1975); *Kerkstra v. Department of State Highways*, 398 Mich. 103, 247 N.W.2d 759 (1975).

Popular name: Governmental Immunity Act