



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

Administrative Services Office  
201 West Kalamazoo Avenue, Suite 201  
Kalamazoo, MI 49007  
Phone (269) 384-8111  
Fax (269) 384-8032

## Personal Injury Claim Form

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

Best Way to Contact You:                      Phone                      Email

Date of Incident: \_\_\_\_\_ Exact Location of Incident: \_\_\_\_\_

Describe the Incident in Detail (Attach Separate Sheet if Needed): \_\_\_\_\_

Any Witnesses? (Include Name and Contact Info) \_\_\_\_\_

Did you contact law enforcement (Police Report Number) or any County Department(s):                      Yes                      No

If yes, Contact Person's Name \_\_\_\_\_

Date of contact \_\_\_\_\_ Department: \_\_\_\_\_

Please describe the medical treatment you received:

What costs or bills incurred? \_\_\_\_\_

