

IN CASE OF INJURY, WAS MEDICAL TREATMENT GIVEN? _____
IF SO, BY WHOM? _____
DATE OF TREATMENT: _____

IS FURTHER MEDICAL TREATMENT INDICATED? IF SO, PLEASE EXPLAIN:

NAMES AND ADDRESSES OF WITNESSES:

IN CASE OF PROPERTY DAMAGE, HAS A CLAIM BEEN FILED WITH ANY OTHER ENTITY? _____
IF SO, WITH WHAT ENTITY? _____

RELATIONSHIP OF INJURED PERSON TO PERSON MAKING REPORT: _____

I hereby notify the Clerk of the City of Oak Park, Michigan, that I intend to hold the City of Oak Park liable for injuries/damages sustained by _____ on _____ as above described.

X _____
Signature of Claimant