



City of Traverse City Incident/Accident Report for Public

Name: _____

Address: _____

Daytime Phone: () - Email: _____

Male: _____ Female: _____

Date of Birth: _____

Date and Time of Occurrence: _____

Location of Occurrence: _____

Witnesses (Name and Address): _____

Description of Occurrence (Please be Specific): _____

My Request is: _____

Signature: _____ Date: _____

Please be sure to attach any receipts, estimates, invoices, and/or photos pertaining to this request.

Return to City Clerk
Sarah Lutz, MiPMC
400 Boardman Ave
Traverse City, MI 49684
231.922.4480

Acceptance of this report by the City of Traverse City is not an admission of liability and does not waive any other notice requirements to the City of Traverse City.