



Liability & Property Pool

Occurrence / Incident Reporting Form

- Property Loss
 General Liability Loss
 Automobile Loss
 Sewer Backup

Contact Information

Municipality Name: City of Jackson Street: 161 W Michigan Avenue
 City: Jackson State: MI Zip: 49201
 Contact Name: Emily Simone Phone Number: 517-788-4025
 Email: esimone@cityofjackson.org

Incident Information

Date of Incident: _____
 Injured Party or Owner of Damaged Property Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Email: _____

Description of Incident

Municipal Property Description (if applicable)

Municipal Automobile Description (if applicable)

Make: _____ Model: _____
 Year: _____ VIN Number: _____

Additional Comments

Preparer's Name: _____ Date: _____
 Preparer's Title: _____ Email: _____

Please return to: City of Jackson – City Clerk
 161 W Michigan Ave
 Jackson, MI 49201