



Michigan Municipal League Liability and Property Pool

Occurrence / Incident Reporting Form

- Property Loss Automobile Loss
- General Liability Loss Sewer Backup

Contact Information			
Municipality Name:			
Street:	City:	State:	Zip:
Contact Name:		Title:	
Phone Number: ()		Email:	
Incident Information			
Date of Incident:			
Injured Party or Owner of Damaged Property Name:			
Street:	City:	State:	Zip:
Phone Number: ()		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 _____

Preparer's Email _____