

## Damage/Loss/Injury Claim Report Form

Fields marked with an asterisk (\*) are required.

### Instructions

This Damage/Loss/Injury Claim Report form is to be completed and signed by the person submitting the form. All fields noted with an asterisk (\*) are mandatory and must be completed to have your claim properly assessed. Missing information may cause delays in having your claim investigated. You may use supplementary pages as necessary.

You may submit your completed Form in one of the following methods:

- **Online Submission** - You may complete the form online and submit by email to info@wdbridge.com or by selecting the submit option at the end of the form.
- **Mail** - You may print a blank form and write (please print using block capitals) your response by hand, or you may complete the form online and then print the completed form and send via mail to:  
 Windsor-Detroit Bridge Authority  
 Attention: Stakeholder Relations  
 100 Ouellette Avenue, Suite 400  
 Windsor, Ontario  
 Canada N9A 6T3  
 Telephone 1.844.322.1773

Please select the applicable damage/loss/injury type that you sustained as a result of construction or operations of works related to the Gordie Howe International Bridge Project: (\* denotes required information.)

Vehicle  Other Property  Personal Injury

### Section 1 - Contact Information for Person Submitting this Claim

Title	Last Name *	First Name *	Middle Initial
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#### Current Address \*

Unit/Suite/Apt No.	Street Number	Street Name	PO Box
City/Town		State/Province	Zip/Postal Code
Primary Telephone Number *	Secondary Telephone Number	Email Address	
Preferred Method of Contact *		Preferred Time of Contact	

### Section 2 - Incident Information

Date of Incident (yyyy-mm-dd) *	Time of Incident (e.g. 23:25) *
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Location of Incident \*

Intersecting Roadway or Reference Point (mile marker, intersection)

Estimated Value of Property Damage/Loss:	Less than \$1,000	<input type="checkbox"/>
	\$1,000-10,000	<input type="checkbox"/>
	Greater than \$10,000	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>

How did you determine the value of your claim? Describe in detail and provide documentation to support the amount of the claim.

Description of event and damage/loss/injury \* (maximum 2000 words) \*

Did the incident take place in a construction zone?

Yes  No

**Police Information (If applicable)**

Officer's Last Name

Officer's First Name

Badge Number(s)

Occurrence/Report Number

Jurisdiction (OPP, Michigan State Police, RCMP, Detroit or Windsor Police)

**Section 3 – Damaged Vehicle Information (if applicable)**

Year \*

Make \*

Model \*

Mileage

License Plate Number

Are you the registered owner of this vehicle?

Yes  No

**Registered Owner Contact Information \***

Last Name

First Name

Middle Initial

**Current Address**

Unit/Suite/Apt No.

Street Number

Street Name

PO Box

City/Town

State/ Province

Zip/Postal Code

Primary Telephone Number

Secondary Telephone Number

Email Address

**Section 4 – Damaged Property Location Information (if applicable)**

**Property Address \***

Unit/Suite/Apt No.

Street Number

Street Name

PO Box

City/Town

Province

Zip/Postal Code

## Section 5 – Personal Injury Information (if applicable)

### Injured Person \*

Title	Last Name *	First Name *	Middle Initial
Unit/Suite/Apt No.	Street Number	Street Name	PO Box
City/Town	State/Province		Zip/Postal Code
Primary Telephone Number *	Secondary Telephone Number		Email Address
Preferred Method of Contact *	Preferred Time of Contact		

## Section 6 – Witness

Title	Last Name *	First Name *	Middle Initial
Unit/Suite/Apt No.	Street Number	Street Name	PO Box
City/Town	State/Province		Zip/Postal Code
Primary Telephone Number *	Secondary Telephone Number		Email Address
Preferred Method of Contact *	Preferred Time of Contact		

Provide a brief description of the incident (maximum 1500 words)

## Section 7 - Declaration

By signing this form you consent to the collection, use, disclosure and retention of the personal information you provide on this form. This information collected will be used in the investigation and administration of claims made against Windsor-Detroit Bridge Authority. You also acknowledge and agree that the personal information we acquire from you may be disclosed to other persons (such as governmental agencies; insurers; insurance adjusters, agents and brokers; accountants; financial advisors; solicitors; organizations that consolidate claims and underwriting information for the insurance industry; Bridging North America General Partnership, BNA Constructors Canada GP, BNA Constructors USA JV and BNA O&M General Partnership and their respective general partners, joint venture members and affiliated companies and any contractor or subcontractor thereof), who may collect and use this information as reasonably necessary to carry out the purpose described above.

Questions about the collection and use of your personal information may be directed to:

Windsor-Detroit Bridge Authority  
Attention: Legal Department  
100 Ouellette Avenue, Suite 400  
Windsor, Ontario  
Canada N9A 6T3  
Telephone 1.519.946.3038

To the best of my knowledge, information and belief the information herein is true, I understand that fraudulent claims cost all taxpayers, and for this reason, all fraudulent claims will be prosecuted to the full extent of the law.

Name *	Signature *	Date (yyyy-mm-dd) *
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Witness Name (if applicable)*	Signature *	Date (yyyy-mm-dd) *
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Windsor-Detroit Bridge Authority endeavors to respond to all Claim Reports with an acknowledgement of receipt within one business day, and to provide further responding information at the earliest opportunity.