A close up of a sign

Description automatically generated

|  |
| --- |
| **PROTECTED B**  **(once completed)** |

**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  Click or tap here to enter text. | Last Name \*  Click or tap here to enter text. | First Name \*  Click or tap here to enter text. | Middle Initial  Click or tap here to enter text. |

## Current Address \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit/Suite/Apt No.  Click or tap here to enter text. | Street Number  Click or tap here to enter text. | | Street Name  Click or tap here to enter text. | | PO Box  Click or tap here to enter text. |
| City/Town  Click or tap here to enter text. | | | | State/Province  Click or tap here to enter text. | Zip/Postal Code  Click or tap here to enter text. |
| Primary Telephone Number \*  Click or tap here to enter text. | | Secondary Telephone Number  Click or tap here to enter text. | | Email Address  Click or tap here to enter text. | |
| Preferred Method of Contact \*  Click or tap here to enter text. | | | | Preferred Time of Contact  Click or tap here to enter text. | |
| **Section 2 - Incident Information** | | | | | |
| Date of Incident (yyyy-mm-dd) \*  Click or tap to enter a date. | | | | Time of Incident (e.g., 23:25) \*  Click or tap here to enter text. | |

Location of Incident \*

# Click or tap here to enter text.

Intersecting Roadway or Reference Point (mile marker, intersection)

Click or tap here to enter text.

Estimated Value of Property Damage/Loss: Less than $1,000

$1,000-10,000

Greater than $10,000

Unknown

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Did the incident take place in a construction zone?

Yes  No

## Police Information (If applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Officer's Last Name  Click or tap here to enter text. | | Officer's First Name  Click or tap here to enter text. | |
| Badge Number(s)  Click or tap here to enter text. | Occurrence/Report Number  Click or tap here to enter text. | | Jurisdiction (OPP, Michigan State Police, RCMP, Detroit or Windsor Police):  Click or tap here to enter text. |
| **Section 3 – Damaged Vehicle Information (if applicable)** | | | |
| Year \*  Click or tap here to enter text. | Make \*  Click or tap here to enter text. | | Model \*  Click or tap here to enter text. |
| Mileage  Click or tap here to enter text. | | License Plate Number  Click or tap here to enter text. | |

Are you the registered owner of this vehicle?

Yes  No

## Registered Owner Contact Information \*

|  |  |  |
| --- | --- | --- |
| Last Name \*  Click or tap here to enter text. | First Name \*  Click or tap here to enter text. | Middle Initial  Click or tap here to enter text. |

**Current Address**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit/Suite/Apt No.  Click or tap here to enter text. | Street Number  Click or tap here to enter text. | | Street Name  Click or tap here to enter text. | | PO Box  Click or tap here to enter text. |
| City/Town  Click or tap here to enter text. | | | | State/ Province  Click or tap here to enter text. | Zip/Postal Code  Click or tap here to enter text. |
| Primary Telephone Number  Click or tap here to enter text. | | Secondary Telephone Number  Click or tap here to enter text. | | Email Address  Click or tap here to enter text. | |
| **Section 4 – Damaged Property Location Information (if applicable)** | | | | | |
| **Property Address** \*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Unit/Suite/Apt No.  Click or tap here to enter text. | Street Number  Click or tap here to enter text. | Street Name  Click or tap here to enter text. | | PO Box  Click or tap here to enter text. | | City/Town  Click or tap here to enter text. | | | Province  Click or tap here to enter text. | Zip/Postal Code  Click or tap here to enter text. | | | | | | |
| **Section 5 – Personal Injury Information (if applicable)** | | | | | |
| **Injured Person** \*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Title  Click or tap here to enter text. | Last Name \*  Click or tap here to enter text. | First Name \*  Click or tap here to enter text. | | Middle Initial  Click or tap here to enter text. | | | Unit/Suite/Apt No.  Click or tap here to enter text. | Street Number  Click or tap here to enter text. | Street Name  Click or tap here to enter text. | | PO Box  Click or tap here to enter text. | | | City/Town  Click or tap here to enter text. | | | State/Province  Click or tap here to enter text. | Zip/Postal Code  Click or tap here to enter text. | | | Primary Telephone Number \*  Click or tap here to enter text. | | | Secondary Telephone Number  Click or tap here to enter text. | Email Address  Click or tap here to enter text. | | | Preferred Method of Contact \*  Click or tap here to enter text. | | | Preferred Time of Contact  Click or tap here to enter text. | |  | | | | | | |

|  |
| --- |
| **Section 6 – Witness** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title  Click or tap here to enter text. | Last Name \*  Click or tap here to enter text. | First Name \*  Click or tap here to enter text. | | Middle Initial  Click or tap here to enter text. | |
| Unit/Suite/Apt No.  Click or tap here to enter text. | Street Number  Click or tap here to enter text. | Street Name  Click or tap here to enter text. | | PO Box  Click or tap here to enter text. | |
| City/Town  Click or tap here to enter text. | | | State/Province  Click or tap here to enter text. | Zip/Postal Code  Click or tap here to enter text. | |
| Primary Telephone Number \*  Click or tap here to enter text. | | | Secondary Telephone Number  Click or tap here to enter text. | Email Address  Click or tap here to enter text. | |
| Preferred Method of Contact \*  Click or tap here to enter text. | | | Preferred Time of Contact  Click or tap here to enter text. | |  |

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

Click or tap here to enter text.

**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 \*  Click or tap here to enter text. | Signature \*  Click or tap here to enter text. | Date (yyyy-mm-dd) \*  Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| Witness Name (if applicable)\*  Click or tap here to enter text. | Signature \*  Click or tap here to enter text. | Date (yyyy-mm-dd) \*  Click or tap to enter a date. |

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.