

MAYOR AND CITY COUNCIL OF BALTIMORE

DEPARTMENT OF LAW
CENTRAL BUREAU OF INVESTIGATION
Room 31 City Hall, 100 Holliday Street
Baltimore, Maryland 21202
410-396-3400

CLP

FOR OFFICE USE ONLY
Invest: _____
Date: _____
File #: _____

STATEMENT OF CLAIM

Claimant's full Name: _____ Address (include postal zone) _____ Home Phone: _____
Business Phone: _____

Age _____ Social Security No.: _____ Marital Status: _____ Spouse's Name: _____
Date of incident: _____ Time: am pm Location of incident: _____

The Incident (describe fully)

Property Damaged (describe fully)

Do you have insurance to cover this loss: Yes No Did you file a claim with your insurance company regarding this loss? Yes No

Name of insurance company: _____ Policy Number: _____ Effective Dates: _____

Estimated Damages: (describe fully)

Witnesses Names and Addresses
1. _____
2. _____
3. _____

IF ANYONE WAS INJURED, FILL IN BELOW

Name of Injured Party: _____ Address: _____

Name of Injuries: _____

Attending Doctor's Name: _____

If Treated at Hospital, Give Name and Address: _____

Occupation: _____ Employer's Name and Address: _____

Time Lost From Work? _____ Specify Dates: _____ Salary: _____
No Yes Wkly: _____ Hry: \$ _____
Was incident Reported?: _____ To Whom?: _____ When: _____
No Yes

I do solemnly swear and affirm under penalty of perjury that the above representations are true and correct to the best of my knowledge. I understand that false statements constitute fraud and will be referred to the State's Attorney for prosecution. I further swear and affirm that I have not been indemnified by an insurance company for the loss (es) that I now claim.

Claimant's Signature

Dated: _____ 20 _____

PROPERTY EVALUATION FORM

ITEM	COST	AGE		

*Please provide any estimates that you have. Failure to do so may delay processing.