

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

<b>FOR OFFICE USE ONLY</b>	
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:
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Date of incident:	Time: am <input type="checkbox"/> pm <input type="checkbox"/>	Location of Incident:
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The Incident (describe fully)

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Property Damaged (describe fully)

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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:
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Estimated Damages: (describe fully)

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Witnesses Names and Addresses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IF ANYONE WAS INJURED, FILL IN BELOW**

Name of Injured Party:	Address:
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Name of Injuries:

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Attending Doctor's Name:

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If Treated at Hospital, Give Name and Address:

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Occupation:	Employer's Name and Address:
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Time Lost From Work? No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify Dates: To Whom?:	Salary: Wkly: _____ Hrfly: \$ _____ When:
Was Incident Reported?: No <input type="checkbox"/> Yes <input type="checkbox"/>		

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.**