

Please read the following entirely before completing the attached claim form. This acknowledges your request for a claim form, which is enclosed. You may otherwise choose to file a claim with your insurance carrier.

Return the completed, signed claim form as soon as possible. Include the date, time, and specific location of the incident, the cause of any injury or damages, and the names and addresses of any witnesses or other interested persons. **Submit with your claim form copies of any photographs, bills, receipts, estimates, police reports (or the report number) and other documents in support of your claim. This information may facilitate faster claim processing.**

If you are claiming automobile damage and your vehicle is drivable, send **two repair estimates in addition to the other documents.** If you are claiming bodily injury, send copies of **all medical bills and reports.**

Once your claim form has been received, an investigator will be assigned to your case. The investigator *may* contact you for further information. Upon completion of the investigation, you will be notified of a decision.

Your claim must be received in writing and either hand delivered, mailed or mailed certified, return receipt requested, within one (1) year of the date of incident. **FACSIMILE TRANSMISSION IS NOT ACCEPTABLE.**

It is necessary that you sign and date the claim form where indicated. Notice of claim forms and/or letters not signed will not be processed.

If you have any questions, you may telephone our claims desk between the hours of 8:30 A.M. and 4:30 P.M. at (410) 396-3308 for automobile liability claims or (410) 396-3400 for general liability claims.



MAYOR AND CITY COUNCIL OF BALTIMORE

CLAIMANT'S REPORT OF ACCIDENT

DEPARTMENT OF LAW

CENTRAL BUREAU OF INVESTIGATION (CBI)

7 E. Redwood Street, 6th Floor, Baltimore, MD 21202

410-396-3400 / 410-396-3308

FOR OFFICE USE ONLY

Invest: _____

Date: _____

File #: _____

No. 1 FACTS ABOUT YOUR CAR

OWNER OF CAR: _____ ADDRESS: _____

NAME OF DRIVER: _____ ADDRESS: _____ D.O.B.: _____

DESCRIPTION OF CAR: MAKE: _____ MODEL: _____ YEAR: _____ Vehicle Tag No. _____ STATE: _____

WHAT PARTS OF YOUR CAR WERE DAMAGED? _____

HAVE YOU HAD AN ESTIMATE OF DAMAGE TO YOUR PROPERTY? _____

IF SO, ATTACH ESTIMATE. IF REPAIRS MADE, ATTACH BILL: _____

IN WHAT COMPANY DO YOU CARRY INSURANCE ON YOUR AUTOMOBILE? _____

CHECK KIND OF INSURANCE CARRIED COLLISION PROPERTY DAMAGE LIABILITY

WAS THE DRIVER OF YOUR CAR ON BUSINESS OF THE OWNER? _____

ARE YOU EMPLOYED? _____ BY WHOM? _____

No. 2

DATE OF ACCIDENT: _____ 20 _____ TIME _____ A. M. P. M.

PLACE OF ACCIDENT: _____

No. 3 *IMPORTANT* GIVE NAMES, and ADDRESSES

LIST PASSENGERS IN YOUR CAR WITH ADDRESSES AND AGE (If Under 21 Give Parents' Name)

GIVE NAMES AND ADDRESSES OF ALL PERSONS WHO WITNESSED OR CAN FURNISH INFORMATION REGARDING THE ACCIDENT

NAME	HOME ADDRESS	BUSINESS ADDRESS	PHONE

No. 4 INJURED

WERE YOU INJURED? _____ WAS ANYONE INJURED? _____

IF ANYONE WAS INJURED PLEASE GIVE NAME, ADDRESS. AGE AND NATURE OF INJURIES

WHERE WERE INJURED TAKEN? _____ ATTENDED BY DOCTOR: _____

No. 5 FACTS ABOUT OTHER VEHICLE

NAME OF OTHER OWNER INVOLVED: _____

ADDRESS: _____

DESCRIPTION OF THEIR CAR: MAKE: _____ MODEL: _____ YEAR: _____ Vehicle Tag No. _____ STATE: _____

NAME OF DRIVER OF OTHER CAR: _____

ADDRESS: _____



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No.6 FACTS ABOUT THE ACCIDENT

IN WHAT DIRECTION WAS YOUR CAR GOING? _____ RATE of SPEED: _____

IN WHAT DIRECTION WAS OTHER CAR GOING? _____ RATE OF SPEED: _____

WHAT DISTANCE AWAY WAS OTHER CAR WHEN YOU FIRST OBSERVED IT? _____

HOW FAR FROM INTERSECTION WERE YOU? _____ OTHER CAR: _____

IN WHAT PORTION OF THE STREET WAS YOUR CAR TRAVELING? _____ OTHER CAR: _____

IF INTERSECTION ACCIDENT, WHICH CAR REACHED INTERSECTING CURB LINE FIRST? _____

DID YOU REDUCE SPEED OF YOUR CAR ? _____ OTHER CAR: _____

WHAT SIGNAL IF ANY DID YOU GIVE? _____ OTHER CAR: _____

WAS IT DAYLIGHT? _____ IF NOT DAYLIGHT WAS PLACE OF ACCIDENT WELL LIT? _____

WHAT LIGHTS WERE BURNING ON YOUR CAR? _____ OTHER CAR: _____ WEATHER: _____

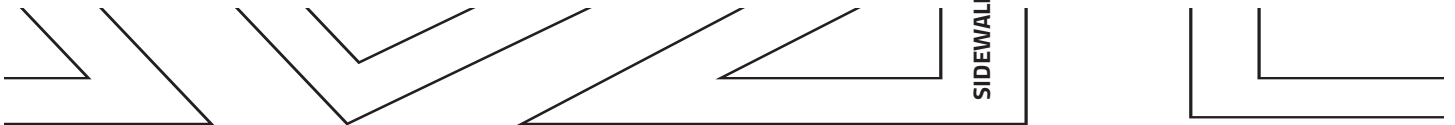
No.7 OTHER DETAILS

STATE HOW ACCIDENT HAPPENED

Claimant's signature: _____

No. 8 SKETCH

IMPORTANT-PLEASE FILL IN DIAGRAM PRINTED BELOW, SHOWING POSITION OF AUTOMOBILES AND ANY INJURED PERSONS, WITH DIRECTIONS IN WHICH ANY WERE PROCEEDING.



INDICATE NORTHERLY DIRECTION ABOVE



DATE: _____ 20____ CLAIMANT'S SIGNATURE: _____ TELEPHONE NO. _____

EMAIL ADDRESS: _____

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.

Please Print, Complete, and Mail to Above Bureau