

Anne Arundel County
Maryland
Citizen Incident/Claim Form

Please fill out ALL fields and allow 2-4 weeks for investigation of your claim. Send this form along with any other important information relative to your incident (i.e. pictures, receipts, ect.) to the address below.

Anne Arundel County Risk Management
 PO Box 6675
 Annapolis, MD 21401
 Phone# 410-222-7630 Fax# 410-222-7640
 E-mail: riskmanagement@aacounty.org

Individual Filling out Form		
Name	Relationship to Owner	
	Phone	
Address	City	Zip

Property Owner Information	
Name	Phone
Address	

INCIDENT INFORMATION	
Date/Time of Incident	Police Report Number (if applicable)
Address of Incident	
Describe Incident	

DAMAGE TO VEHICLE (if applicable)	
Vehicle Year/Make/Model	Cost of Repair (actual or estimated)
Damage to Vehicle	

Owner of Car	Address
Name of Driver	Address
Was anyone injured?	
If yes, name, address, age, and nature of injuries:	

DAMAGE TO PROPERTY (IF APPLICABLE)	
Damage to Property	
Cost of Repair (Actual or Estimate)	

COUNTY VEHICLE INFORMATION (if applicable)	
Make/Model	License Plate #
County Employee Involved:	

DESCRIPTION OF INCIDENT	
Describe as much as you know about the incident and your damages. Use additional paper if necessary, (Who, What, When, Where, How)	

What action are you requesting from Anne Arundel County?

PROPERTY EVALUATION FORM

ITEM	COST	AGE	RECEIPTS Yes or No	ATTACHED (use x)

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

Signature (Required) _____ Date _____

SUBMIT

OFFICE USE ONLY

Date Received _____ Initials _____

Claim Number _____