

ANNE ARUNDEL COUNTY, MARYLAND
Citizen Claim Form

Please complete all fields and submit the claim form along with any important information related to your claim (i.e. photos, police reports and receipts) to the address below:

By email: riskmanagement@aacounty.org

Regular mail: Anne Arundel County Risk Management, P.O. Box 6675, Annapolis, MD 21401

Claimant Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

INCIDENT INFORMATION

Date/Time of Incident _____

Address/Location of Incident _____

Description of Incident

CLAIMANT VEHICLE INFORMATION (If applicable)

Vehicle Year/Make/Model _____

Damage to vehicle _____

Owner of the vehicle name/address/email/phone

Name of driver and relationship to owner _____

Driver's address/email/phone _____

List all passengers in your vehicle along with their addresses, phone numbers and email addresses:

Was anyone injured? _____

If yes, please identify which occupants were injured

COUNTY VEHICLE INFORMATION (If applicable)

Vehicle Year/Make Model _____

License Plate Number or County Vehicle Number _____

County Employee Involved _____

DAMAGE TO PROPERTY (If applicable)

Describe the property damaged

Cost to Repair (Actual or Estimate) _____

Police Accident Report Number, if applicable _____

Names and contact information for any witnesses
