



CITIZEN REPORT FORM FOR COUNTY-RELATED INCIDENT

NOTE: This form is for use ONLY when injury or damage is caused by a County employee, or involves County-owned vehicle or property.

Please fill out **ALL** fields and allow 2-4 weeks for processing and review.
Send this form along with any other important information relative to your incident
(i.e. pictures, receipts/estimates, etc.) to the address below.

Howard County Risk Management
3430 Court House Drive, Ellicott City, MD 21043
If you have any questions, please call 410-313-6390.

CONTACT INFORMATION			
Name		Phone	
Address		City	Zip

INCIDENT INFORMATION	
Date/Time of Incident:	Police Report # (if applicable)
Location of Incident :	
Nature of Damage or Injury (Be specific.):	

PERSONAL VEHICLE INFORMATION (if applicable)	
Year/Make/Model:	Cost of Repair (actual or estimated):
Damage to Vehicle:	

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

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

Signature Required _____ **Date** _____

OFFICE USE ONLY

File Number _____

Date received _____