



LIABILITY CLAIM / INCIDENT REPORT

*Use this form to report: 1) any claim which caused bodily injury or property damage to a Claimant or 2) any incident that has potential to cause bodily injury or property damage to a Claimant.

(1) Name of MMRMA Member:	(2) Member Department:	(3) Member Department Phone #:	(4) Reported By:
(5) Exact Location of Claim/Incident:	(6) Date of Claim/Incident:	(7) Time of Incident: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	(8) Date Reported By Department:

(9) **TYPE OF CLAIM:**

Bodily Injury Civil Rights Complaint Open Meetings Act Zoning Dispute Personal Injury
 Property Damage EEOC/MDCR Complaint Freedom of Information Act Land Use Dispute Data Breach / Cyber

Claim Notice Only

CLAIMANT INFORMATION

(10) Claimant's Name: Name of Parent or Guardian (if applicable):	Claimant's Address:	Claimant's Telephone #: Cell #: Home #: Work #:
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BODILY INJURY INFORMATION

PROPERTY DAMAGE INFORMATION

(11) Claimant's Age:	Date of Birth:	(18) Describe Property Damaged:	
(12) Describe Injury:		(19) Cause of Damage:	
(13) Part of Body Injured:		(20) Extent of Damage:	
(14) Claimant's Employer:	(15) Claimant's Occupation:	(21) Estimated Cost to Repair: \$	(22) Actual Cost to Repair: \$
(16) Did Claimant Lose Work Time? Yes <input type="checkbox"/> No <input type="checkbox"/>	(17) Claimant Social Security #:		

(23) Name of Witness:	Witness Address:	Witness Telephone #:
1)		
2)		
3)		
(24) Photographs Taken? Yes <input type="checkbox"/> No <input type="checkbox"/> Photographs Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(25) Other Supporting Documents? Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Documents Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(26) Police Report #: Police Report Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>

(27) Please describe in detail how the claim/incident occurred (attach any supporting data):

(28) LAWSUIT	D. Please List Employees / Officials of Member who are Identified on the Complaint:	
A. Date of Service:	1)	6)
B. Method of Service: <input type="checkbox"/> In Person <input type="checkbox"/> Mail	2)	7)
C. Name of Person Served and Title:	3)	8)
	4)	9)
	5)	10)

(29) Submitted by:	(30) Title:	(31) Date:
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