

CLAIM FOR DAMAGES
Vehicle– Citizen Claim
SEDGWICK COUNTY, KANSAS
DEPARTMENT OF RISK MANAGEMENT

This form is to be completed in its entirety and returned to:

Email to riskmanagement@sedgwick.gov OR mail to Sedgwick County Risk Management,
100 N. Broadway, Ste 610, Wichita, Kansas 67202

In the “STATEMENT OF CIRCUMSTANCES” section, give **all** information available that will answer the questions of how the incident happened, names of other person(s) involved, and the cause of the incident. Inquiries as to disposition or status of claim may be directed to the Risk Management Department; (316) 660-9680. Call your insurance and file a vehicle accident claim, take photos and keep all receipts of cost endured. Submission of claim does not guarantee Sedgwick County accepting liability, this is for consideration only.

Claimant Information

Name: _____ Email: _____

Home Phone Number: _____ Work Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Incident Details

Date of Incident: _____ Time: _____ *(Indicate AM/PM or hrs for 24 hr clock)

Case Number: _____

Location of Incident: _____

Vehicle Information:

Claimant’s Vehicle: Year _____ Make _____ Model _____ Mileage _____

County’s Vehicle: Vehicle Type _____ Vehicle Number _____ License# _____

Witnesses _____

STATEMENT OF CIRCUMSTANCES: (Include **all** known facts)

Date

Signature of Claimant