

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

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

Email to [riskmanagement@sedgwick.gov](mailto:riskmanagement@sedgwick.gov) OR mail to Sedgwick County Risk Management,  
525 N. Main, Suite 1150, Wichita, Kansas 67203

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