MAYOR AND CITY COUNCIL OF BALTIMORE

STATEMENT OF CLAIM

DEPARTMENT OF LAW
CENTRAL BUREAU OF INVESTIGATION (CBI)
100 N. Holliday Street, Suite 101, Baltimore, MD 21202
410-396-3400 / 410-396-3308

FOR OFFICE USE ONLY

Invest:_____
Date:_____
Flie #:_____

Claimant's full Name: Matthew Jonathan DeMichiel
Address (Include postal zone): 502 Somerset Rd., Baltimore, MD 21210
Email: matthew.demichiel@gmail.com
Home Phone: n/a Cell: 315-749-8479 Date of Birth: 11/09/1988
Exact Location of Incident: 502 Somerset Rd, Baltimore MD, 21210 (Railing on Front Steps)
Date of incident: 07/08/2025 Time: unknown ☐ am ☐ pm

The Incident (describe fully)

Anchor Construction damaged iron railing leading up front steps entrance while executing contract SC #978 (sewer main replacement) on Tuesday, 7/8/25. The construction crew used an excavator to remove concrete and dirt to reach and replace sewer main. It is believed that the railing was damaged sometime during this work. Subsequently, the railing was duck taped back together. The crew did not notify us of an incident and the damaged was discovered while walking by on Sunday, 7/13.

Property Damaged (describe fully, including photographs)

The property damaged is an iron railing. Photographs and additional exhibits provided as an attachment. In addition, asphalt was used to replace the concrete tiles after completion of water main replacement. We are currently unaware if the construction crew will return to replace the asphalt with concrete.

Do you have Insurance to cover this loss: ☐ Yes ☑ No Did you file a claim with your Insurance company regarding this loss? ☐ Yes ☑ No
Name of Insurance company:_____ Policy Number:_____ Effective Dates:_____ to _____
Estimated Damages: (describe fully)

Witnesses Names and Addresses

1. _____
2. _____
3. _____

IF ANYONE WAS INJURED, FILL IN BELOW

Name of Injured Party:_____ Address:_____
Name of Injuries:_____
Attending Doctor's Name:_____
If Treated at Hospital, Give Name and Address:_____
Occupation:_____ Employer's Name and Address:_____
Time lost from work? ☐ Yes ☐ No Specify Dates:_____ Salary: Wkly:_____ Hrly: $_____
Was Incident Reported?: ☐ Yes ☐ No To Whom?:_____ When:_____

I do solemnly swear and affirm under penalty or perjury that the above representations are true and correct to the best or my knowledge. I understand that false statements constitute fraud and will be referred to the State's Attorney for prosecution. I further swear and affirm that I have not been indemnified by an Insurance company for the loss (es) that I now claim.

Claimant's Signature: Matthew DeMichiel Dated: 7/14/25

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PROPERTY EVALUATION FORM

DEPARTMENT OF LAW
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ITEM	COST	AGE
Iron Railing	Unknown	Uknown

*Please provide any estimates that you have. Failure to do so may delay processing.