



UNITED EVANGELICAL CHURCH

(UNITED CHURCH OF CHRIST)

EAST AVENUE & DILLON STREET
BALTIMORE, MARYLAND 21224
CHURCH OFFICE
3200 DILLON STREET
BALTIMORE, MARYLAND 21224
PHONE 276-0393

JOHN STEPHEN FAIR, PASTOR
PARSONAGE 945 S. EAST AVENUE
BALTIMORE, MARYLAND 21224
PHONE 276-0621

May 3, 1988

Atlantic Mutual Insurance Company
Gallagher Heffernan Insurance Brokers
P.O. Box 7443
San Francisco, California 94120

Reference: Policy #284-00-95-70 - 1/1/88 -- 1/1/89
United Evangelical Church - T067
923-945 S. East Avenue
Baltimore, Maryland 21224

To Whom It May Concern:

On our about March 8, 1988, our Church Bus was vandalized while on the parking lot. We found the windshield was broken and the doors were jammed.

The Baltimore City Police Department came out to investigate and report #2C17021, copy enclosed, was issued. We took the bus to the B & B Safelite Auto Glass Company and had the windshield replaced at the cost of \$223.00; their paid bill is also enclosed.

The reason for the delay in getting this claim to your office, is due to the fact that we waited for volunteers from our church to repair the doors on the bus and now the vehicle is in operating condition.

We would appreciate your processing this claim as soon as possible and make the check payable to United Evangelical Church.

Also, if there is an agent or office located on the East Coast, we would appreciate having this information for our records.

Yours very truly,

James Tallagsen
United Evangelical Church Council
Property Chairperson

mss

Enc. (2)

5. Consideration of a claim

After a thorough investigation has been completed, a Commissioner will, based on all the facts available, make a decision as to the claimant's eligibility; or

The Commissioner may call for a hearing, at which time the claimant will be given reasonable opportunity to appear with or without counsel and to present witnesses if they are available.

6. Decisions of the Board

The decision of a Commissioner or Board regarding the claim will be sent to you in writing.

If you are dissatisfied with the decision rendered, you may request a review by the full Board. You must do this within 30 days, by writing to the Board or having your counsel do so, stating your reason for wishing such review.

7. Facts you should know

Your claim may be denied if a report was not rendered to the authorities within 48 hours after the crime took place, although the Board may for good cause waive this provision.

You may not be entitled to an award if you did not suffer serious financial hardship as a result of loss of earnings, support or medical costs or if you contributed to the infliction of your injuries. Monies paid to you from or on behalf of the person who committed the crime or under any insurance program mandated by law, or from public funds, or as an emergency award, will be deducted from your award. Any monies paid to you by private insurance carriers will also be deducted from any award made by the Board.

For Further Information

Call or Write
Criminal Injuries Compensation Board
Suite 313, 6776 Reisterstown Road
Baltimore, Maryland 21215-2340
(301) 764-4214

gram that can reduce the risk of theft and increase the chances of recovering stolen property. Easily identified items are difficult for a thief to sell. To join Operation Identification, call 396-2441.

METRO CRIME STOPPERS

Metro Crime Stoppers — We pay cash for tips on crime. We will pay up to \$1,000 for information leading to arrest and indictment of criminals. Call 276-8888 ANYTIME. You do not have to give your name.

Additional programs and information are available to assist every citizen in their crime prevention efforts. Contact the Crime Resistance Unit for details at 396-2441.

Victim Assistance / Incident Information Form

An Incident/Offense Report has been prepared under the Central Complaint Number indicated. Please retain this form and refer to the number when making inquiries or to report additional information.

Complaint No. 2C 17021 Date: 8 MAR 88

Incident Type: MALICIOUS DESTRUCTION

Officer's Name: GRUE

Badge No. 3438 Assignment: S.E.D.

Telephone No. 396-2422

Should you have additional information to report on this incident, please call the following number for report taking services.

District/Unit: _____ Telephone No. _____

REPORT COPIES

Should you desire a copy of this report, please direct your U.S. Mail request to:

Central Records Division
Police Headquarters
601 E. Fayette Street
Baltimore, Maryland 21202

City policy requires a five (5) dollar non-refundable search fee. Please make your remittance payable to the Police Commissioner of Baltimore City — DO NOT SEND CASH.

Please take a moment to review the additional information in this pamphlet. We welcome your involvement and participation.

BALTIMORE CITY EMERGENCY NUMBERS

Police 911
Fire Department 911
Ambulance 911
Poison Control Center 528-7701

BALTIMORE CITY NON-EMERGENCY NUMBERS

Police Information 396-2525
City Hall Switchboard 396-3100
Animal Control 396-4694
Animal Bites 396-4688
Social Services Public Assistance 361-2222

SERVING THE FREE STATE

MAIL ALL INVOICE PAYMENTS TO:
 8005 HARFORD ROAD
 BALTIMORE, MARYLAND 21234
 (301) 665-6466

PARKVILLE 7801 Harford Road Baltimore, Md. 21234 668-4408 (1)	DUNDALK 114 Dundalk Ave. (corner Dundalk Ave & Willowspring Rd.) 288-6240 (3)	GLEN BURNIE Mountain Road & Ritchie Highway 761-5693 (6)	DOCKEYSVILLE 11003 York Road 683-0030 (34)
ELLCOTT CITY 8726 Balto. Natl. Pike (corner of Rt. 40 West and Route 29) 465-7711 (2)	REISTERSTOWN 68 Main Street (Heart of Reisterstown) 833-8480 (5)	TIMONIUM MARYLAND 2113 York Road Across from McDonald's 282-2170 (13)	RANDALLSTOWN 8527 Liberty Rd. 655-7787 (38)

NAME United Evangelical Church ADDRESS 945 S East Ave Customer Number (CUSNR) _____
 CITY Baltimore STATE MD ZIP CODE 21224 PHONE NO. 276 0393

DATE 3-9-88 GLASS (01) UPHL (02) WHOLESALE (05) MOBILE (04) INSTALLER _____
 MAKE _____ MODEL _____ SERIAL NO. _____ TAG NO. _____

QTY.	ITEM NUMBER (ITNBR)	REPAIRS	ITDCD	LIST	TOTAL
		CLEAR <input type="checkbox"/> TINTED <input checked="" type="checkbox"/> SHADED <input type="checkbox"/> KIT <input type="checkbox"/>			
		WINDSHIELD			
		DOOR GLASS			
		QUARTER GLASS			
		REAR GLASS			
9	L2ST/0	244 44"			116.00
		12 x 33"		37.50 EA	75.00
4	4 4 4	Cut Flat Glass			

GENTLEMEN: YOU ARE HEREBY AUTHORIZED TO REPLACE BROKEN GLASS WITH
 PLATE GLASS CLEAR
 SAFETY PLATE GLASS - TINTED
 SAFETY PLATE GLASS - SHADED

THE GLASS DESCRIBED ON THIS INVOICE HAS BEEN REPLACED TO MY SATISFACTION. I HEREBY AUTHORIZE THE

Insurance Company _____
 TO PAY B & B/Safelite AutoGlass FOR THIS WORK.

DISC	DAYS	SPCST
INSURANCE CO. INFORMATION		
Insurance Co. _____		
Policy No. / P.O. _____		
Claim No. _____		
Agent _____		
Coverage Approved by: _____		
ASSURED _____		
WITNESS _____		

TOTAL PARTS AND MATERIALS	191 00
TOTAL LABOR (LBCD)	32 00
SUB-TOTAL	223 00
TAX	
TOTAL	223.00

Work Authorized By James H. Gallagher
 Date 3-9-88

CONSUMER RIGHTS: You have a right to ask for a written estimate if the work will cost more than \$50.00. You may be charged a reasonable fee for the estimate. You may not be charged more than 10% over the amount of the written estimate without your consent. Repairs not originally authorized by the customer may not be charged to you without your consent. The repair facility must offer to return any replaced parts to you if not returnable to the manufacturer under a warranty.

MOBILE/CUSTOMER-GUARANTEED COPY