



**This form must be completed and signed by the injured person submitting the claim.** Please complete the form and submit it via email to RiskManagement2@fortlauderdale.gov. Please attach any photos and Police or Fire Rescue reports. If you have any questions, please contact the City's Risk Management Division at 954-828-5177.

**Section 1 - CONTACT INFORMATION**

**1a. Injured Person**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

**1b. Witness**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

**Section 2 - INCIDENT INFORMATION**

**2a. Date of Incident:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Month) (Day) (Year)*

**Time of Incident:** \_\_\_\_\_  AM  PM

**Address of Incident:**

\_\_\_\_\_  
\_\_\_\_\_

**Description of Injury(ies):**

\_\_\_\_\_  
\_\_\_\_\_

Fire Rescue Notified:  Yes  No

**If Yes, provide report #:** \_\_\_\_\_

Police Notified:  Yes  No

**If Yes, provide report #:** \_\_\_\_\_

**Attach the following** (when applicable):

Photos

Fire Rescue Report

Police Report

Vehicle Video Camera

