BODILY INJURY CLAIM FORM (FOR PUBLIC USE)

Rev: 8 | **Date:** 5/22/2025 | **Print Date:** 5/22/2025

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	1b. Witness
_____ Name	_____ Name
_____ Phone	_____ Phone
_____ Email	_____ Email
_____ Address	_____ Address

Section 2 - INCIDENT INFORMATION

2a. Date of Incident: _____/_____/_____ Time of Incident: _____ ☐ AM ☐ PM
(Month) (Day) (Year)

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

Approved by: Guy Hine, Risk Manager
Uncontrolled in hard copy unless otherwise marked

2b. Explain in detail how the incident occurred:

_____

_____

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Section 3 – CLAIM SUBMISSION ACKNOWLEDGMENT AND STATUTORY FRAUD NOTICE

Florida Statute 817.234—Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Print Name: _____

Signature: _____ Date: _____