

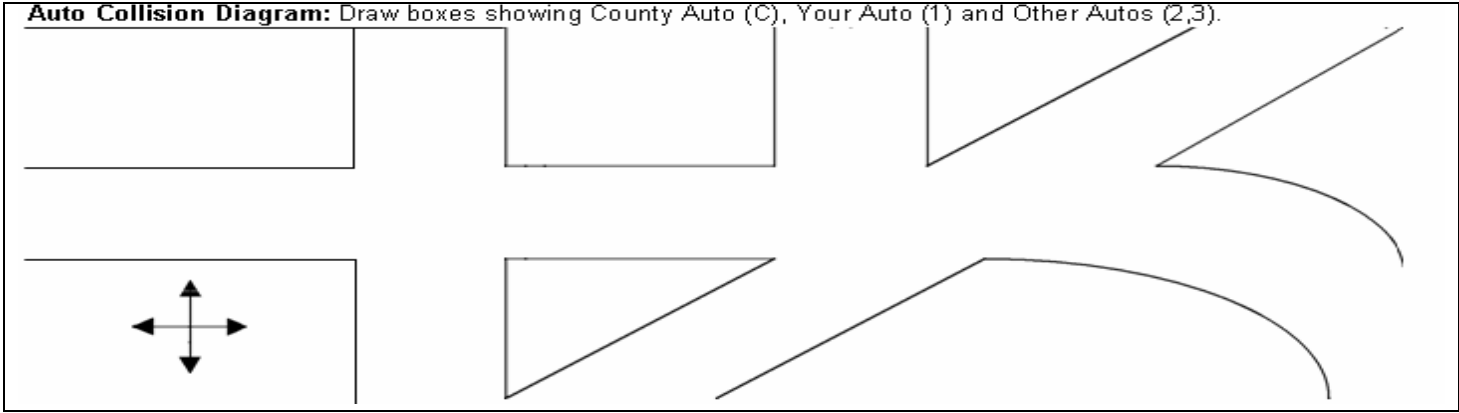
## BROWARD COUNTY GENERAL PUBLIC NOTICE OF INJURY OR PROPERTY DAMAGE

Complete the following information to the best of your knowledge. Information that is already contained in a police report can be omitted, unless you wish to state the facts as you observed them. Full information will help expedite consideration of your claim. Submission of a claim does not guarantee payment by the County.

<b>PERSON FILING CLAIM:</b>		Phone #: Work:	Home:
Name:		Address:	
	Date of Birth:		
Date of Incident:	Time of Incident:	Weather Conditions:	
Location of Incident:			

TYPE OF INCIDENT	Involved Autos Listed Below			
<u>COUNTY AUTO</u>	<u>AUTOS</u>	Your Auto # 1	Other Auto #2	Other Auto #3
Tag # :  Yr/Make/Model:  Driver:  Driver License #:	Tag #			
	Yr/Make/Model			
	Color			
	Driver			
	License #			
	Address			
	Auto Owner			
	Address			
	Auto Insurer			
	Policy #			
1. Passenger Name:		Phone Number (s) Work: Home:	Address:	
2. Passenger Name:		Phone Number (s) Work: Home:	Address:	
3. Passenger Name:		Phone Number (s) Work: Home:	Address:	

<b>BODILY INJURY</b>	List Injured Person for whom you are making a claim.		
Name			
Address			
Phone Number			
<b>PROPERTY DAMAGE/LOSS</b>	Describe damage property other than autos.		
Identify Property			
Owner's Name			
Address			
Phone Number			
<b>POLICE REPORT</b>	Dept:	Officer:	
<b>AMBULANCE</b>	Org:	Unit:	
1. Witness' Name:		Phone Number (s) Work: Home:	Address:
2. Witness' Name		Phone Number (s) Work: Home:	Address:
3. Witness' Name:		Phone Number (s) Work: Home:	Address:



**BODILY INJURY FROM AN INCIDENT**

Was Scene Examined? __ Yes __ No	By whom:	Date	Time	Photos Taken __ Yes __ No	Area Clean __ Yes __ No	Area Dry __ Yes __ No	Area Well Lighted __ Yes __ No
Level Surface __ Yes __ No	Cracks or Breaks __ Yes __ No	Slippery __ Yes __ No	Describe other hazards:				
Injured Person's Shoes	High Heel __ Yes __ No	Low Heel __ Yes __ No	Flat Sole __ Yes __ No	Floppy Type __ Yes __ No	Using Cane or Walker __ Yes __ No	Was Injured Wearing Glasses __ Yes __ No	

**DETAILED ACCOUNT OF INCIDENT**


This form may be mailed or faxed (954-357-7187) to the **Risk Management Division**, Liability Section, 115 S. Andrews Ave. #210, Ft. Lauderdale, FL 33301. *Notification of cases involving bodily injury should be phoned in immediately to 954-357-7215.* **The information on this form is confidential information under Florida Statute 768.28.**

Name of person completing form (print or type)	Relationship to Claimant(s)
Signature	Date

**Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in FS. 817.234.**