

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.

PERSON FILING CLAIM:		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 # :	Tag #			
Yr/Make/Model:	Yr/Make/Model			
Driver:	Color			
Driver License #:	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:	

BODILY INJURY	List Injured Person for whom you are making a claim.		
Name			
Address			
Phone Number			
PROPERTY DAMAGE/LOSS	Describe damage property other than autos.		
Identify Property			
Owner's Name			
Address			
Phone Number			
POLICE REPORT	Dept:	Officer:	
AMBULANCE	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:

