## 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: We			eather Conditions:				
Location of Incident:								
TYPE OF INCIDENT	Involved Autos Listed Below							
COUNTY AUTO	AUTOS Your Auto		# 1	Other Auto #2	Other Auto #3			
	Tag #							
Tag #:	Yr/Make/Model							
	Color							
Yr/Make/Model:	Driver							
	License #							
Driver:	Address							
Driver License #:	Auto Owner							
2.000 2.000 m	Address							
	Auto Insurer							
	Policy #							
1. Passenger Name:		Phone Numb Work:	er (s)	Address:				
		Home:						
2. Passenger Name:		Phone Numb Work:	er (s)	Address:				
		Home:						
3. Passenger Name:	Phone Numb Work:	er (s)	Address:					
		Home:						
BODILY INJURY	List Injured Person fo	r whom you are maki	na a claim	<u> </u>				
Name	List injured i erson io	i wildin you are makii	ng a ciain	1.				
Address								
Phone Number								
PROPERTY DAMAGE/LOSS	Describe damage pro	perty other than auto	S.					
Identify Property								
Owner's Name								
Address								
Phone Number POLICE REPORT	Danti			0#:				
	Dept:			Officer:				
AMBULANCE	Org:	Diama Namba			Unit:			
1. Witness' Name:		Phone Number (s) Work:		Address:				
		Home:	Home:					
2. Witness' Name		Phone Number Work:	r (s)	Address:				
		Home:						
3. Witness' Name:		Phone Number Work:	r (s)	Address:				
		Home:						
1				i				

Auto Collisi	ion Diagran	n: Draw b	oxes sho	wing C	ounty A	kuto (C),	Your Auto	(1) and	l Other A	Autos (2,3).	.,
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<b>BODILY INJUR</b>	RY FROM AN	INCIDENT									
Was Scene	By whom:			Da	te	Time	Photos	Ar	rea Clear	n Area Dry	Area Well
Examined?							Taken				Lighted
Yes							Yes	_	Yes	Yes	Yes
No							No		No	No	No
Level	Cracks or	Slip	pery [	Describ	e other	hazards	:				
Surface Yes	Breaks Yes	V	es _								
No	No		lo —								
Injured	High Heel	Low Hee		Sole	Floppy	Type	Using Ca	ne or W	alker	Was Injured \	Wearing Glasses
Person's	i ii gii i i coi		.			.,,,,					our mg cruccoc
Shoes	Yes	Yes	Ye		Yes		Yes			Yes	
	No	No	No	0	No		No			No	
DETAILED AG	CCOUNT OF	INCIDENT									
DETAILED AC	CCOUNT OF	INCIDENT									
This form may b											WS
Ave. #210, Ft. L											
954-357-7215.	The Informat	ion on this	s torm is	confid	entiai ini	rormatio	n under Flo	rida Sta	itute 768	.28.	
Name of perso	on completing	form (print	t or type)				Relations	ship to C	Claimant(s	s)	
		(F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, •		,	
Signature							Date				
Jigilatalo							Date				
Any parcan	who kno	winaly a	nd with	, into	nt to	iniura	defraud	or de	coivo a	ny amploya	r or employee

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.