



Claimant Accident/Incident Report

Please complete the form below and return to Risk Management

Claims may also be submitted online at:

<https://weblink.bbfl.us/forms/riskclaimantform>

Please complete this form and return it to Risk Management for investigation and consideration. Completion of this form does not guarantee acceptance of your claim.

Name: <input type="text"/>	Today's Date: <input type="text"/>
Address: <input type="text"/>	Phone Number: <input type="text"/>
City, State, & Zip Code: <input type="text"/>	Email Address: <input type="text"/>

Incident Information

Date of Loss: <input type="text"/>	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
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Weather Conditions:	<input type="text"/>
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Exact Location of Loss:	<input type="text"/>
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Injuries as a Result:	<input type="text"/>
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Property Damage:	<input type="text"/>
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Transported for Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Facility/Doctor <input type="text"/>
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Drivers Name & Drivers License Number <input type="text"/>	License Plate/Tag Number <input type="text"/>
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Incident Information (Continued)

Vehicle Year/Make/Model

Owner of Vehicle

Insurance Company & Policy Number

Police Report #

Agency (ex: FHP, Sheriff, BBPD, etc.)

Name/Phone Number of
Any Passenger(s):

Were there any witnesses?:

☐ Yes

☐ No

If Yes, please List Name,
Address, & Telephone
Number:

In your own words,
Describe what happened:

How can the city assist
you with this claim?:

Florida Statute 817.234, requires the following statement on claim forms: 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.

Submit all invoices, medical bills, photographs, quotes, and other supporting documents related to this claim via mail or email.

Signature

Date