



Risk Management
100 E. Ocean Avenue Boynton Beach, FL 33435
Phone 561-742-6000
riskmanagement@bbfl.us

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="text"/> <input type="checkbox"/> AM <input type="text"/> <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"/>

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?:	<input type="checkbox"/> Yes <input type="checkbox"/> 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