



*Risk Management*  
*P. O. Box 398, Ft Myers, FL 33902-0398*  
*Voice (239) 533-2221 Fax (888) 242-3233*

## Claimant Accident/Incident Report

*Please complete the form below and return to above address for consideration.*

**Lee County Board of County Commissioners is investigating your claim: Please complete this questionnaire and return it to our office. Answering these questions does not guarantee payment of your claim.**

Name:		Today's Date:	
Address:		Phone #:	
City, State, & Zip Code:		Date of Birth:	Social Security #:

### Accident/Incident Information:

Date of Loss:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Weather Conditions:
Exact Location of Loss:		
Injuries as a Result:		Property Damages:
In your own words, describe what happened:		
In your opinion, in what way did Lee County contribute to your loss?		
Were there any witnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list Name, Address, and Telephone Number

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date