

Claimant Accident/Incident Report

*Please complete the form below and return to Risk Management
Claims may also be submitted online at:
www.leegov.com/budget/riskmanagement/claim*

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:	Today's Date:	
Address:	Phone Number:	
City, State, & Zip Code:	Email Address:	
Incident Information		
Date of Loss:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Weather Conditions:
Exact Location of Loss:		
Injuries:	Property Damages (Year, Make, Model, etc.):	
In your own words, describe what happened:		
In your opinion, how is Lee County responsible for your loss?		
Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name, Address, and Phone 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