



HUMAN RESOURCES DEPARTMENT INCIDENT CLAIM FORM (FOR PUBLIC USE)

Rev: 1 | Date: 1/26/2023 | Print Date: 2/24/2023

Please complete the form and submit it via email to mmatelski@fortlauderdale.gov. If you have any questions, please contact the City's Risk Management Division at 954-828-5177.

Section 1 – INVOLVED PARTIES AND/OR PROPERTY <i>(Please fill out all sections)</i>		
<p style="text-align: center;">Neighbor</p> <p>Injured:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Involved</p>	<p style="text-align: center;">Neighbor Vehicle</p> <p>Damaged:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Involved</p>	<p style="text-align: center;">Neighbor Property</p> <p>Damaged:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Involved</p>
Section 2 - CONTACT INFORMATION <i>(If additional info is required, please submit it on a separate page)</i>		
2a. City Employee	2b. Neighbor	2c. Witness
Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Email _____	Email _____	Email _____
Employee # _____	Address _____	Address _____
Department _____		
Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Email _____	Email _____	Email _____
Employee # _____	Address _____	Address _____
Department _____		
Section 3 - INCIDENT INFORMATION		
3a. Date of Incident: ____/____/____ (Month) (Day) (Year)		Time of Incident: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Place of Incident: _____		
Fire Rescue Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Police Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide report #: _____		
Attach the following (when applicable): <input type="checkbox"/> Fire Rescue Report <input type="checkbox"/> Police Report <input type="checkbox"/> Photos/Videos		



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3b. Explain in detail how the incident occurred:

Empty space for explaining the incident.

Section 4 - NOTICE OF RECEIPT

Florida Statute 817.234—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.

Print Name: _____ Date: _____

Signature: _____