



City of Fort Myers, FL

Risk Management Department
 Post Office Drawer 2217, Ft Myers, FL 33902-2217
 Phone (239)321-7057 Fax (239) 226-0355

Claimant Accident/Incident Report

The City of Fort Myers 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:
Street Address, City, State, & Zip Code:	Phone #:
E-mail Address:	Cell Ph. #:

Accident/Incident Information:

Date of Loss:	Time: AM PM	Weather Conditions:
Exact Location of Loss:		
Injuries as a Result:	Property Damages (please include 3 estimates when returning form):	
In your own words, describe what happened:		
In your opinion, in what way did The City of Fort Myers contribute to your loss?		
Were there any witnesses?	Yes No	If Yes, please list Name, Address, and Telephone Number
<u>This Section City Use Only</u>		
Department Name and Code:		

“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”.
 Florida Statutes §817.234(1)(b)

 Signature _____
 Date