

## City of Pembroke Pines Incident Claim Form

Present claim by personal delivery or mail to **City of Pembroke Pines, Risk Management Department, 601 City Center Way, Pembroke Pines, FL 33025** or via email to [riskmanagement@ppines.com](mailto:riskmanagement@ppines.com).

Please provide any additional information that might be helpful in considering your claim, including invoices, receipts, estimates, diagrams, and photographs.

**Today's Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

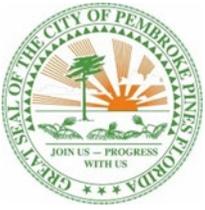
**Email Address:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ AM PM

**Location of Incident:** \_\_\_\_\_

**Type of Claim:**

- Property Damage** \_\_\_\_\_
- Vehicle Accident** \_\_\_\_\_
- Personal Injury** \_\_\_\_\_
- Other** \_\_\_\_\_

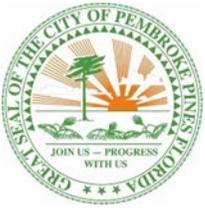


# City of Pembroke Pines Incident Claim Form

**Basis of Claim – State in detail all facts and circumstances of the incident:**

**State why you believe the City is responsible for the alleged injury, property damage, or loss:**

**Description of Alleged Injury, Property Damage, or Loss:**



## City of Pembroke Pines Incident Claim Form

VEHICLE INFORMATION – If your claim relates to a motor vehicle, provide the following information.

**Name of Driver:** \_\_\_\_\_

**Name of Vehicle Owner:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Make of Vehicle:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**License Plate No.:** \_\_\_\_\_ **Driver's License No.:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Claim Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_

**Name and Department of City Employee who Allegedly Caused Injury or Loss (If Known):**

**City Vehicle Type/Description:**

**License Plate No./Unit No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_