



**MANATEE COUNTY GOVERNMENT**

**Citizen's Property Damage / Injury Incident Form. (for Citizen use only)**

**SUBMISSION OF AN INCIDENT FORM DOES NOT GUARANTEE PAYMENT BY THE COUNTY**

**\*Denotes required fields**

**Name: \*** \_\_\_\_\_ **Home Phone: \*** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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

**City: \*** \_\_\_\_\_ **State: \*** \_\_\_\_\_ **Zip code: \*** \_\_\_\_\_

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

**Date of Incident: \*** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ am  pm

**Location of Incident: \*** \_\_\_\_\_ **Weather Conditions:** \_\_\_\_\_

**Description of Incident:**

\*

**Injury? YES**  **NO**  **Transported for Medical Treatment? YES**  **NO**  **Hospital:** \_\_\_\_\_

**Description of Damage/Injury (use second page if more room is needed):**

\*

**Driver's Name and DL #:** \_\_\_\_\_ **Tag #** \_\_\_\_\_

**Yr/Make/Model** \_\_\_\_\_ **Owner of Vehicle:** \_\_\_\_\_

**Insurance Co. and Policy Number:** \_\_\_\_\_

**Police Report #:** \_\_\_\_\_ **Agency (i.e. FHP, Sheriff, etc.)** \_\_\_\_\_

**Name/Phone # of any passenger(s)** \_\_\_\_\_

**Name/Phone # of any witness(s)** \_\_\_\_\_

**By typing your name below you have electronically signed this form and confirmed that the information provided is true and factual.**

\*

\_\_\_\_\_  
**Signature**

\*

\_\_\_\_\_  
**Date**

**(USE SECOND PAGE FOR FURTHER REMARKS)**

This signed, completed form may be submitted to the address below by email, fax or mail. 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 under Florida Statute 817.234

Manatee County Government Risk Management Division  
P.O. Box 1000 ♦ Bradenton, FL 34206 ♦ Telephone (941) 745-3750 ♦ Fax (941) 745-3774  
[claims@mymanatee.org](mailto:claims@mymanatee.org)

Name: \_\_\_\_\_