

**ESCAMBIA COUNTY  
BODILY INJURY CLAIM FORM**

*Please Print*

NAME: \_\_\_\_\_  
(Last, First M.)

ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip)

PHONE NO.: \_\_\_\_\_  
(Home) (Work)

DATE OF ACCIDENT/INCIDENT: \_\_\_\_\_

TIME OF ACCIDENT/INCIDENT: \_\_\_\_\_

LOCATION OF THE ACCIDENT/INCIDENT: \_\_\_\_\_  
(Include nearest intersections)

DESCRIPTION OF ACCIDENT/INCIDENT:

IF INJURIES WERE RESULT OF AUTO ACCIDENT,

1. Who was the driver of the vehicle in which you were traveling? \_\_\_\_\_
2. Who is the owner of the vehicle in which you were traveling? \_\_\_\_\_
3. Do you own a vehicle? \_\_\_\_\_ If so, in what state is your vehicle registered? \_\_\_\_\_

TOTAL AMOUNT CLAIMED: \_\_\_\_\_  
(Attach receipts, estimates, etc., to substantiate this claim.)

I/We hereby claim a right of action in tort against the Escambia County Board of County Commissioners arising out of the above listed damages sustained by me/us as a result of the above described accident/incident. The amount claimed represents the total sums due me/us for all said damages to me/our property. Attached is/are estimates, bills, receipts, etc. which will substantiate this claim. Medical Authorization is also completed and attached.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Day) (Month)

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Signature of Claimant)

**Return to: Board of County Commissioners, Risk Management, Post Office Box 1591, Pensacola, FL 32591**