



**Risk Management**  
302 N Wilson St. #301, Crestview, FL 32536  
Phone (850) 689-5977  
Fax (850) 689-5973  
[riskinfo@myokaloosa.com](mailto:riskinfo@myokaloosa.com)

## Claimant Accident/Incident Report

*Please complete the form below and return to Risk Management.*

*Claims may also be submitted via email to :  
[riskinfo@myokaloosa.com](mailto:riskinfo@myokaloosa.com)*

**Please complete this form and return it to Risk Management for investigation and consideration. Completion of this form does not guarantee acceptance of your claim.**

Name:	Today's Date:
Address:	Phone Number:
City, State, & Zip Code:	Email Address:

### Incident Information

Date of Loss:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Weather Conditions:
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Exact Location of Loss:
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Injuries:	Property Damages (Year, Make, Model, etc.):
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In your own words, describe what happened:
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In your opinion, how is Okaloosa County responsible for your loss?
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Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name, Address, and Phone Number:
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Florida Statute 817.234, requires the following statement on claim forms: 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date