

BODILY INJURY CLAIM

TODAY'S DATE: _____

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME TELEPHONE NUMBER: _____ WORK TELEPHONE NUMBER: _____

CELL/MOBILE PHONE NUMBER: _____ EMAIL ADDRESS: _____

INCIDENT INFORMATION

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

DESCRIPTION OF EVENT: (PLEASE USE ADDITIONAL SHEET OF PAPER IF MORE ROOM IS NEEDED.)

_____DID YOU SUSTAIN ANY INJURIES: YES NO IF YES, PLEASE DESCRIBE YOUR INJURIES: _____
_____DO YOU HAVE INSURANCE? YES NO WERE YOU TREATED FOR ANY INJURIES BY A PHYSICIAN: YES NO IF YES, PLEASE PROVIDE NAME AND ADDRESS OF TREATING PHYSICIAN: _____
_____WAS FOLLOW UP TREATMENT RECOMMENDED? : YES NO IF YES, PLEASE DESCRIBE: _____
_____WERE YOU HOSPITALIZED AS A RESULT OF INJURY: YES NO

IF YES, WHERE WERE YOU HOSPITALIZED: _____

WERE YOU TAKEN TO THE HOSPITAL BY AN AMBULANCE: _____

DURATION OF YOUR TREATMENT: ADMISSION DATE _____ DISCHARGE DATE _____

WAS THERE A POLICE REPORT ISSUED: YES NO if no, please contact DRPA Dispatch at (856)968-3301 to report incident.

PROVIDE THE POLICE REPORT NUMBER: _____

NAME(S) OF ANY WITNESS(ES): _____

ADDRESS AND/OR PHONE NUMBER OF WITNESS(ES): _____

IN ADDITION TO COMPLETING THIS FORM, PLEASE PROVIDE THE AUTHORITY WITH THE FOLLOWING INFORMATION:

- A COPY OF YOUR INSURANCE COVERAGE (AUTOMOBILE, HEALTH INSURANCE OR ANY OTHER AVAILABLE COVERAGE)
- COPIES OF ALL MEDICAL REPORTS, MEDICAL BILLS, DOCTOR'S NOTES AND PHOTOGRAPHS OF INJURY
- **NOTE: ALL DOCUMENTS PROVIDED BECOME PROPERTY OF THE DELAWARE RIVER PORT AUTHORITY AND ARE NON-RETURNABLE.**
- **EMAIL TO CLAIMSADMINISTRATION@DRPA.ORG OR FAX DOCUMENTS TO (856) 968-2216 OR MAIL TO: DELAWARE RIVER PORT AUTHORITY, CLAIMS DEPARTMENT, P.O. BOX 1949, CAMDEN, NJ 08101-1949**

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, MUNICIPALITY OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

SIGNATURE: _____