



City of Miami Beach
FOUND DAMAGED REPORT
(City Owned Vehicles Only)

Case # _____

Date Damage Discovered _____

Time _____

Employee's Name

Job Classification

Department/ Division

Employee's Supervisor

City Vehicle # _____

Type of Vehicle _____

Year: _____

Make: _____

Tag: _____

Location where damage discovered: _____

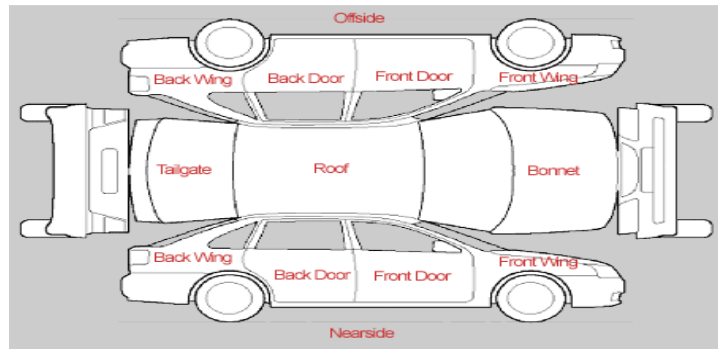
Describe Damage: _____

Did you notify a supervisor of the damage? Yes _____ No _____

Name of Supervisor notified: _____

Crime Scene on scene? Yes _____ No _____

Circle Area of Damage:



Signature of Employee: _____ (Date)

Signature of Supervisor: _____ (Date)

Send Copy to Risk Management