

**CITY OF MIAMI BEACH
VEHICLE ACCIDENT REPORT**

TO BE COMPLETED BY SUPERVISOR

Date of Report _____

Length of time driver with the City? _____ Years _____

Experience with this type of vehicle? _____ Years _____

If employee sustained an injury did you complete a Notice of Injury Report Yes _____ No _____

Total # of hours on duty at time of accident? _____

Was Vehicle Condition Form completed? Yes _____ No _____

Did you complete Reasonable Observation Form Yes _____ No _____

If employee has CDL was Drug Test conducted Yes _____ No _____

Contributing factors:

Excessive Hours Yes _____ No _____ Speeding Yes _____ No _____ Sickness Yes _____ No _____

Physical Defect Yes _____ No _____ Alcohol Yes _____ No _____ Drugs Yes _____ No _____

Number of accidents in the past 18 months? _____

Other (explain): _____

Comments: _____

Date: _____ Supervisor: _____

Date: _____ Dept.Head: _____

**CITY OF MIAMI BEACH
VEHICLE ACCIDENT REPORT**

THIS SIDE TO BE COMPLETED BY DRIVER

IMPORTANT

Both sides of this report must be completed before the driver completes his tour of duty. Two (2) copies must be submitted to Risk Management immediately. Any questions call 305-673-7014, or fax: 305- 673-7023

Employee's Name: _____
Dept./Div. _____ Job Classification: _____
City Vehicle #: _____ Type of Vehicle: _____
Make & License Tag of Vehicle: _____

Date of Accident: _____ Time: _____
Location of Accident: _____
List of Passengers: _____
Name of other party involved: _____
Address of other party: _____ Phone: _____
Name of other Insurance Co./Agent _____
Was anyone injured? Explain: _____

Other Vehicle: Year _____ Make & Tag #: _____
Was supervisor notified after accident? Yes _____ No _____
Were Police on the scene? _____ Was FL. Traffic Accident Report Made? _____ Photos Taken? _____
Person charged by Police: _____ Charge: _____
Name of Witness _____ Address _____ Phone: _____
Name of Witness _____ Address _____ Phone: _____
Damage to Other vehicle/property: _____
Driver's description of accident: _____

Date: _____ Signature of Employee: _____