City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov

HUMAN RESOURCES DEPARTMENT, RISK MANAGEMENT DIVISION
Tel: 305-673-7524, Fax: 305-673-7529

REPORT OF INCIDENT / PROPERTY DAMAGE / INJURY

Full Name: First Initial Last

☐ Male ☐ Female
Gender (circle one)

/ /
Today's date

Address

/ /
Date of Incident

Day of Week

City State Zip Code

Did you take photos?
If yes, please attach photos

Time of Accident AM ☐ PM ☐

- -
Phone Number

/ /
Date of Birth

Location of Incident

Weather condition

Driver's License Number

- -
Social Security Number

Police case #

Email Address

Briefly describe how accident/injury occurred:

Were you injured?
Yes No

Briefly describe injures

Were you transported by ambulance

Name of Facility

Address

List the names of any witnesses and contact information (if available):

Name: Contact #:

Name: Contact #:

Name: Contact #:

LOSS WAGES/INCOME:

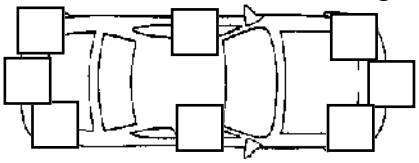
Did you lose wages/income due to this accident? ☐ Yes ☐ No Dates: _____

All claims of lost wages must be supported with a signed statement from your employer, itemizing dates and times.

Employer 1	**Employer 2**
Company	Company
Address	Address
City State Zip Code	City State Zip Code
Contact Person	Contact Person
Contact #	Contact #

PROPERTY DAMAGE:

"X" in area of vehicle damage



Was a city vehicle involved in the incident? ☐ Yes ☐ No

Is your vehicle drivable? ☐ Yes ☐ No

Vehicle information

Year: _____

Make: _____

Model: _____

VIN # _____

Insurance information

Insured: _____

Company: _____

Policy #: _____

City vehicle information

Year: _____

Make: _____

Model: _____

Vehicle #: _____

Department: _____

Describe/list any additional information that may be important to the investigation of this claim:

STATE OF FLORIDA
County of Miami-Dade
I, the undersigned claimant, do hereby depose under oath and affirm that the information disclosed herein and any attachments hereto are true and correct.

Signature

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

Type of Identification Produced

My Commission expires

Identification #

Identification expiration date