



**Internal Services Department**

Risk Management Division – 111 N.W. 1st Street – Suite 2340  
Miami, Florida 33128-1987 – Telephone: 305-375-4280/Fax: 305-679-7789

**NOTICE OF ACCIDENT OR PROPERTY DAMAGE**  
**(PLEASE COMPLETE BOTH PAGES OF THIS FORM IN DETAIL)**  
**In Case of Serious Injury, Notify 911**

*(Do not use this form to report a County motor vehicle collision. Use form #162.05-45 Notice of County Motor Vehicle Collision.)*

Person Making Report: \_\_\_\_\_ Signature: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone# (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
Address of Person Making Report: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Department: \_\_\_\_\_ Div.: \_\_\_\_\_ Loc.: \_\_\_\_\_

**If employee is involved, list the following:**

Employee Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_ Equipment #: \_\_\_\_\_  
*If employee is injured, notify Teleclaim at: 1-877-632-7475 (or Report on Minor Injury Log) and complete Supervisor's Investigation Report.*  
Phone # (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_ (D L #): \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.  P.M.  
Incident Occurred at (Address & location, be specific): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Was Report Made to Police/Fire?  Yes  No Agency/Municipality: \_\_\_\_\_ Case #: \_\_\_\_\_  
Officer Name: \_\_\_\_\_ Badge or I.D.#: \_\_\_\_\_

**INJURY TO NON-COUNTY PERSONNEL**  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
Occupation: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ Was 911 called?  Yes  No  
911 Case/Alarm/Run Report #: \_\_\_\_\_ Transported to: \_\_\_\_\_  
By whom: \_\_\_\_\_ Description of the injury: \_\_\_\_\_

**PROPERTY DAMAGED**  
Name of Owner: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
Description of Property Damaged: \_\_\_\_\_  
Name of Owner's Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Ins. Co. Phone #: \_\_\_\_\_  
Nature and Extent of Damages: \_\_\_\_\_  
Estimate of Repairs: \_\_\_\_\_  
Person Responsible for Maintaining Property: \_\_\_\_\_

**WITNESSES**  
(Secure the names and addresses of witnesses to the accident. Add attachment if necessary)  
1) Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
2) Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
3) Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

**NOTICE OF ACCIDENT OR PROPERTY DAMAGE**  
**DESCRIPTION OF ACCIDENT - PROVIDE DIAGRAM OR PHOTOS OF THE INCIDENT**

Inspect the scene. State cause and describe facts surrounding accident i.e. foreign matter or equipment involved. Attach additional pages, if necessary. Indicate # of attachments:\_\_\_\_\_.


**INJURED PARTY STATEMENT (add attachment if necessary)**


**Additional Information**

Was any emergency first aid rendered:  Yes  No. If yes, by whom?: \_\_\_\_\_ Time:\_\_\_\_\_

What was the injured party wearing?: \_\_\_\_\_

If applicable, were contractors notified:  Yes  No. If yes, by whom?: \_\_\_\_\_

What was the purpose of the injured party on the premises?: \_\_\_\_\_

Was the injured wearing the following? Shoes  Yes  No Heels: spike  medium  low  Eyeglasses  Yes  No

Please describe the weather conditions: \_\_\_\_\_ Type surface: \_\_\_\_\_

Photos taken?  Yes  No, By Whom?: \_\_\_\_\_ Date: \_\_\_\_\_ # of photos attached: \_\_\_\_\_

If this was not reported promptly, explain delay: \_\_\_\_\_

Name of Person Making Report (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date of This Report: \_\_\_\_\_

- Submit to:**
- ISD Risk Management Liability Unit, Phone: 305-375-4280, 111 N.W. 1st St., 23rd Floor
  - Office of Safety, Phone: 305-876-8000, 111 N.W. 1st St., 23rd Floor
  - Department and Departmental Safety Representative (Copy)