CITY OF CORAL GABLES

Risk Management Division • 2801 Salzedo Street, Second Floor • Coral Gables, Fl. 33134

ACCIDENT-INCIDENT REPORT

LOCATION CODE (1)
THIS ACCIDENT RESULTED IN: ☐ BODILY INJURY ☐ PROPERTY DAMAGE (2)

TYPE OF ACCIDENT / INCIDENT (3)	INS. CARRIER NOTIFIED ☐ SENT ☐ (4)	STUDENT ☐ EMPLOYEE ☐ CITIZEN ☐ (5)	SCHOOL _____ DEPT _____ DIV. _____
☐ LIABILITY ☐ PROPERTY ☐ VEHICLE			

ACCIDENT / INCIDENT (A)

DATE OF INCIDENT (6)	TIME (7) ☐ AM ☐ PM	LOCATION OF ACCIDENT / INCIDENT (8)

PERSONS CALLED TO SCENE: (9)	POLICE ☐	INSURANCE & SAFETY ☐ FIRE RESCUE ☐	SUPERVISOR ☐ AMBULANCE ☐	CASE NUMBER (10)

CITY PROPERTY DAMAGE (AUTO) (B)

EMPLOYEE'S NAME (OPERATOR) (11)	DRIVERS LICENSE NUMBER (12)	DEPT./DIV. / (13)

VEHICLE MAKE/TYPE (14)	YEAR (15)	CITY TAG (16)	VEHICLE NO. (17)	DESCRIPTION OF DAMAGE (CITY) (18)

CLAIMANT (PROPERTY DAMAGE) (C)

PROPERTY OWNERS NAME (19)	DRIVERS NAME (20)	TAG NUMBER (21)	PROPERTY OWNERS PHONE (22)

PROPERTY OWNERS ADDRESS (23)	CITY	STATE	ZIP CODE	DESCRIBE DAMAGE TO PROPERTY (24)

CLAIMANT (BODILY INJURY) (D)

NAME (25)	D.O.B. (26)	NATURE OF INJURY (27)

ADDRESS (28)	CITY	STATE	ZIP CODE	OCCUPATION (29)	HOME PHONE (30)

FIRST AID (E)

WAS FIRST AID ADMINISTERED ☐ YES ☐ NO	IF YES, EXPLAIN TREATMENT, BY WHOM, INJURED WAS TAKEN WHERE?

WITNESSES OR OCCUPANTS OF CITY OR PRIVATE VEHICLES (F)

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

DESCRIBE THE ACCIDENT (STATE ONLY KNOWN FACTS . USE ADDITIONAL SHEETS IF NECESSARY.) (G)

X _____
EMPLOYEE SIGNATURE TITLE DATE

I HAVE REVIEWED THIS REPORT WITH THE EMPLOYEE X _____
SUPERVISOR SIGNATURE TITLE DATE

I HAVE REVIEWED THIS REPORT WITH THE SUPERVISOR X _____
DEPARTMENT HEAD SIGNATURE TITLE DATE

ORIGINAL: RISK MANAGEMENT DIVISION COPY: DEPARTMENT FILE IF AUTO ACCIDENT: AUTOMOTIVE