

Police Report #: _____

TOWN OF DAVIE

Vehicle Accident Report

ACCIDENT / INCIDENT REPORT

Property Damage/Loss report

Department: _____

Position: _____

Citizen Incident Report

Report All Accidents, Town Property Found Damaged and Citizen Incidents on This Form

1. LOCATION AND DATE

Date: _____ Time: _____ AM or PM What Type Location: _____

On What Road: _____ At or Near What Road: _____

IN or NEAR What Building: _____

2. DAVIE EMPLOYEE, VEHICLE AND/OR PROPERTY INVOLVED

Employee Name: _____ Job Assignment: _____

DL #: _____ Phone #: _____ Injuries ? : _____

Equipment #: _____ Yr./Make: _____ Model: _____ Lic. #: _____ Vin. #: _____

Describe Damaged: _____ \$\$ Estimate: _____

LIST TOWN Property Damaged, Lost or Stolen: _____

3. OTHER DRIVER, VEHICLE AND/OR PROPERTY:

Name: _____

Address & Phone #: _____ D.O.B.: _____ Injuries ? _____

Veh License #: _____ State: _____ Yr./Make: _____ Damage Est.: \$ _____

Owners Name: _____ Insurance Company: _____

Phone #: _____ Phone #: _____

OTHERS Property Damaged: _____

4. DAVIE EMPLOYEES DESCRIPTION OF WHAT HAPPENED:

Signed: _____

(If Vehicle Accident Attach copy of Police Report)

Reporting Employees Signature

SUPERVISORS INVESTIGATION REPORT

5. Supervisors Description of how incident occurred: _____

Was Employee following *Operating Rules and/or Procedures*? Yes No Explain: _____

What actions of the *employee or Citizen* contributed to this Incident? _____

What actions of *others* contributed to this Incident? _____

What unsafe *physical conditions* contributed to this Incident? _____

Describe recommendations for the prevention of Future such Incidents (include any actions already taken): _____

I have inspected the scene of the Incident? Yes No Explain: _____

Investigation Completed By: _____ Date: _____

Supervisors Signature

Reviewed By Department Head: _____ Date: _____

Department Heads Signature