TOWN OF DAVIE

CITIZEN INCIDENT REPORT

Department Receiving Report: _____

Your Name: _____ **D.O.B.:** _____ **Injured ?** _____

Describe Injury/Property Loss: _____

What Happened? _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

DL License #: _____ **Phone #:** _____

Police Report #:_____ **LOCATION AND DATE OF INCIDENT**

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

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

IN or NEAR What Building: _____

Veh Make: _____ **Yr:** _____ **Model:** _____ **Lic. #:** _____ **Vin. #:** _____

What is Damaged: _____ **Describe Damage:** _____

_____ **$$ Estimate:** _____

Witness Names and Phone Numbers: _____

_____

_____

DESCRIPTION OF WHAT HAPPENED: _____

_____

_____

_____

_____

_____

_____

_____

Signed: _____ **Date Signed:** _____

Signature

Return This Report To:

Town of Davie
Risk Management (954) 797-1097
6591 Orange Drive
Davie, FL 33314

RM-3.03.a