



TOWN OF DAVIE

6951 Orange Drive
Davie, FL 33314
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RISK@DAVIE-FL.GOV

**Risk Management
Incident Report Form**

REPORT MUST BE SUBMITTED TO RISK MANAGEMENT WITHIN 48 HOURS OF INCIDENT

GENERAL INFORMATION	Date of Incident:	Time of Incident:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	Exact Location of Incident:				
	Employee Name:	Telephone:	Department:		
INCIDENT INFORMATION	Injuries to Report <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Name:	Address:	Date of Birth:	Telephone:	
	Injury Description:		Transported to ER: <input type="checkbox"/> Yes <input type="checkbox"/> No	Facility Transported to:	
	Property Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, employee must report to police and obtain a case number	Name of Agency:	Case Number:	
	Photos taken of any property damage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Video surveillance available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Camera:		
	Detailed description of incident:				
WITNESS	LIST THE NAMES AND CONTACT INFORMATION FOR ANY AVAILABLE WITNESSES				
	Name:	Phone Number:	Name:	Phone Number:	

Employee Signature:	Date:	
Employee Supervisor Comment:		
Employee Supervisor Name (print):	Employee Supervisor Signature:	Date:
Department Supervisor Name (print):	Department Supervisor Signature:	Date: