



**PROPERTY DAMAGE CLAIM FORM (FOR EMPLOYEE USE)**

A report is to be submitted via email to RiskManagement2@fortlauderdale.gov **as soon as possible, but no later than the next business day**. If the City employee is unable to provide their account of the incident, the supervisor is to provide the information. Please attach any photos and Police or Fire Rescue reports. **For questions, please see the Risk Management Manual or call 954-828-5177.**

**Section 1 - CONTACT INFORMATION**

1a. City Employee Involved	1b. Other Person Involved
Name _____ Phone _____ Email _____ Employee # _____ Department _____	Name _____ Phone _____ Email _____ Address _____ _____
1c. Witness (or City Employee)	1d. Witness (or City Employee)
Name _____ Phone _____ Email _____ Employee # _____ Department _____	Name _____ Phone _____ Email _____ Employee # _____ Department _____



Section 2 - INCIDENT INFORMATION

2a. Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

Time of Incident: \_\_\_\_\_  AM  PM

Address of Incident:

---

---

City Vehicle #: \_\_\_\_\_

Description of City Vehicle Damage:

---

---

Other Vehicle Involved, Year, Make, Model, Tag # (if applicable):

---

---

Description of Other Vehicle/Property Damage:

---

---

---

Reported Injury(ies):  Yes  No

EMS Transported:  Yes  No

**If the injured is a City employee, please complete a Workers' Compensation – First Notice of Injury Form.**

Fire Rescue Notified:  Yes  No **If Yes, provide report #:** \_\_\_\_\_

Police Notified:  Yes  No **If Yes, provide report #:** \_\_\_\_\_

**Attach the following (required):**

Photos

Vehicle Video Camera (Samsara)



2b. Explain in detail how the incident occurred (to be completed by the employee):

---

---

---

---

---

---

**Section 3 - SUPERVISOR'S ANALYSIS OF THE INCIDENT**

Print Supervisor's Name \_\_\_\_\_

Phone \_\_\_\_\_

3a. Do you concur with the City employee's account of the incident?

If No, please provide an explanation:  Yes  No

---

---

---

---

**Section 4 - CLAIM SUBMISSION ACKNOWLEDGMENT**

I, \_\_\_\_\_ (Employee Name), acknowledge that I have received a copy of this report. **NOTE:** The employee's signature is neither an admission of guilt/liability nor does it attest that they agree with their supervisor's statement. The employee's signature also does not interfere with the employee's right to an appeal.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_