



City of Miami SUPERVISOR'S REPORT OF VEHICLE ACCIDENT

Instructions

1. Call the Claims Network at 1-877-647-4545 to report the accident within 24 hours of the incident.
2. Use this form to report vehicle accidents and accidents resulting in personal injury and/or property damage.
3. If accident resulted in injury to employee, complete a Supervisor's Report of Employee Accident/Injury Form.
4. Take vehicle to GSA for an estimate ASAP.

Accident Location

Date/Time of Accident (MM/DD/YYYY): AM PM Date/Time Reported (MM/DD/YYYY): AM PM Road Conditions: Wet Dry Other, Describe:

Exact Location/Address: Time of Accident: AM PM

Category of Accident: Backing Up Making a Turn Lane Change Head on Collision Sideswipe Making a U-turn
 Rear-end Collision Other:

Information of Driver of City Vehicle

Driver's Name: (include middle initial) Department/Division:

Driver's License #: D.O.B. (MM/DD/YYYY): Injured? YES NO

Were passengers in vehicle? YES NO If yes, list names:

List type of injury/body part(s) involved (if known):

Transported to medical facility? YES NO If yes, list medical facility and means of transportation:

SOLID WASTE DEPARTMENT ONLY: Vehicle type Trash Truck Street Sweeper Rear Loader Automated Side Loader Roll Off
 Recycling Crane Other:

Property Damage Information Check what type of property allegedly was damaged: Automobile Building Fences Landscaping
 Vehicle Utilities Other:

Description of the accident/incident (state only the facts):

Other Party(s) Involved Information

Driver's Name: (include middle initial)

Driver injured? YES NO Daytime Phone: Evening Phone:

Were passengers in vehicle? YES NO If yes, list names:

List type of injury/body part(s) involved (if known):

Transported to medical facility? YES NO If yes, list medical facility and means of transportation:

Accident investigated by a law enforcement agency? YES NO If yes, list agency name:

Were photographs taken at the scene? YES NO If yes, by whom?

Witness Information Name of Witness(s) Phone:

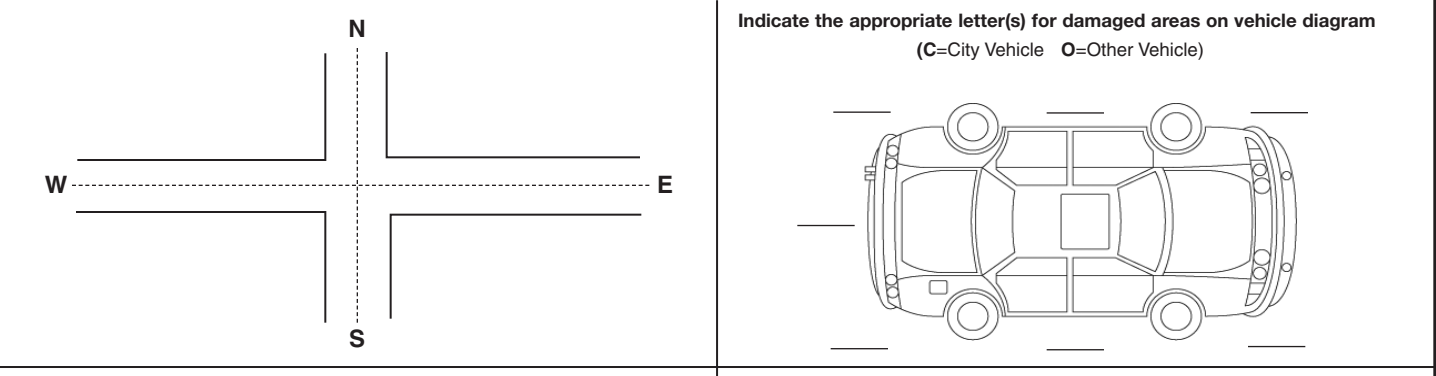
Home Address(s): City: State: Zip:

Mode of service at time of accident: Emergency Response Parked Routine Driving Backing Devices in Use: Visual Audible None Lights N/A

Accident Details

Please complete this diagram. Indicate names of the streets, direction, position of vehicles and point of contact. Use a solid line to show path before the accident and a dotted line to show the path after the accident. Use the symbols of the legend to recreate the scene.

SYMBOLS/LEGEND: City Vehicle Other Vehicle Stop Sign Yield Sign Stop Light Pedestrian



<p>Scope of Employee Responsibility Statement As the driver of the City of Miami owned vehicle described in this report, I acknowledge that all information provided to the supervisor is true and correct to the best of my knowledge.</p> <p>Signature of Driver Required _____ Date _____/_____/20</p>	<p>Scope of Supervisor Responsibility Statement As the supervisor of this position, I affirm that the individual named driver was operating the vehicle within his or her authorized scope of employment at the time of the accident.</p> <p>Signature of Supervisor Required _____ Date _____/_____/20</p>
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Was the claims network above notified/contacted? Yes No If yes, person notified:

Time Notified: AM PM Date Notified (MM/DD/YYYY): Case #:

<p>Report Prepared By (print name) _____</p>	<p>Title _____</p>	<p>Signature _____</p>	<p>Date _____/_____/20</p>
<p>Supervisor (print name) _____</p>	<p>Title _____</p>	<p>Signature _____</p>	<p>Date _____/_____/20</p>
<p>Report Reviewed By (print name) _____</p>	<p>Title _____</p>	<p>Signature _____</p>	<p>Date _____/_____/20</p>