



**General Services Administration**

Risk Management Division – 111 N.W. 1st Street – Suite 2340  
 Miami, Florida 33128-1987 – Telephone: 305-375-4280/Fax: 305-679-7789

**NOTICE OF COUNTY MOTOR VEHICLE ACCIDENT**

**(PLEASE COMPLETE BOTH PAGES OF THIS FORM IN DETAIL)**

**Promptly Report All Motor Vehicle Accidents to the Police. In Case of Serious Injury, Call 9-1-1.  
 For Instructions on Reporting Accidents Refer to the Miami-Dade County Safety Manual.**

Person Making Report \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone # (W): \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address of Person Making Report \_\_\_\_\_

Department \_\_\_\_\_ Div. \_\_\_\_\_ Loc. \_\_\_\_\_

If employee is injured, notify Teleclaim (1-877-632-7475) or report on Minor Injury Log Has Supervisor's Report been completed?  Yes  No

<b>TIME AND PLACE OF ACCIDENT</b>	Date of Accident _____ Time _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Accident Occurred at (Address) _____ City _____ State _____ Zip _____ Was Report Made to Police <input type="checkbox"/> Yes <input type="checkbox"/> No Agency/Municipality _____ Case # _____ Officer Name: _____ Badge or I.D. # _____ Phone # _____
<b>COUNTY MOTOR VEHICLE INVOLVED</b>	Year _____ Make _____ Model _____ VIN# _____ Lic. # _____ Vehicle # _____ Name of Driver _____ Driver License # _____ Employee ID # _____ Department _____ Division _____ Phone # (W) _____ (H) _____ (Cell) _____ Where may vehicle be seen (Address) _____ Est. Cost of Repairs _____ Specify Damage _____ Name of County Employee that vehicle is assigned to _____
<b>DAMAGE TO PROPERTY OF OTHERS</b>	Name _____ Address _____ City _____ State _____ Zip _____ Phone # (H) _____ (W) _____ (Cell) _____ Name of Other Driver (if applicable) _____ Driver License # _____ Address _____ Phone # (H) _____ (W) _____ (Cell) _____ List Damaged Property _____ Where may auto or damaged property be seen (Address) _____ If Auto, Make & Year _____ Lic. # _____ State _____ Name of Ins. Co. _____ Ins. Policy # _____ Ins. Co. Phone # _____
<b>SECURE THE NAMES, ADDRESSES AND PHONE NUMBERS OF WITNESSES OR OTHER PERSONS INVOLVED IN ACCIDENT</b>	
Please check one: <input type="checkbox"/> Witness <input type="checkbox"/> Passenger in county vehicle <input type="checkbox"/> Passenger in other vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____ Name _____ Address _____ City _____ State _____ Zip _____ Telephone # (H) _____ (W) _____ (Cell) _____ List Injuries (if any) _____	
Please check one: <input type="checkbox"/> Witness <input type="checkbox"/> Passenger in county vehicle <input type="checkbox"/> Passenger in other vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____ Name _____ Address _____ City _____ State _____ Zip _____ Telephone # (H) _____ (W) _____ (Cell) _____ List Injuries (if any) _____	
Please check one: <input type="checkbox"/> Witness <input type="checkbox"/> Passenger in county vehicle <input type="checkbox"/> Passenger in other vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____ Name _____ Address _____ City _____ State _____ Zip _____ Telephone # (H) _____ (W) _____ (Cell) _____ List Injuries (if any) _____	
<b>DATE OF REPORT</b>	Date of this report _____ Did you take photos? <input type="checkbox"/> Yes <input type="checkbox"/> No # of photos taken _____ If this accident was not reported promptly, explain delay: _____



**NOTICE OF COUNTY MOTOR VEHICLE ACCIDENT (continued)**  
**STATEMENT OF DRIVER OF COUNTY VEHICLE**

Weather Conditions at Time of Accident \_\_\_\_\_ Condition of Road at Place of Accident \_\_\_\_\_  
Did Accident Occur in  Daytime  Nighttime  
Direction your vehicle was going \_\_\_\_\_ What side of street? \_\_\_\_\_  
Estimated Speed of County Vehicle at Time of Accident \_\_\_\_\_

**DRIVER'S DETAILED ACCOUNT OF ACCIDENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Driver \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach Additional Pages If Necessary. Indicate # of Attachments \_\_\_\_\_

Complete the following diagram showing direction & positions of automobiles involved, clearly designating point of contact.

**Instructions:**

(1) Indicate County vehicle and direction of travel by  1

(2) Number each additional vehicle involved  2  3

(3) Use solid line to show direction of vehicle before accident →  
-----▶ dotted line after accident. Show point of contact by X.

(4) Indicate traffic control devices.

(5) Show bicycle or motorcycle by → ○-○

(6) Show pedestrian by → ♀

(7) Show railroad by -#-#-#-#-#-

(8) Show power or telephone pole by T

Name of Person Making Diagram: (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

- Submit to:**
- GSA Risk Management Liability Unit (Phone: 305-375-4280/Fax: 305-679-7789); 111 N.W. 1st St., 23rd Floor (Original)
  - Office of Safety (Phone: 305-876-8000/Fax: 305-876-8020), 4200 N.W. 36th St., Bldg. 5-A, 3rd Floor (Copy or Fax)
  - Department and Departmental Safety Representative (Copy or Fax)