



**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 ACCIDENT OR PROPERTY DAMAGE**  
**(PLEASE COMPLETE BOTH PAGES OF THIS FORM IN DETAIL)**  
**In Case of Serious Injury, Notify 9-1-1**

*(Do not use this form to report a County motor vehicle accident. Use form #162.05-45 Notice of County Motor Vehicle Accident.)*

Person Making Report \_\_\_\_\_ Signature \_\_\_\_\_ Date of Report \_\_\_\_\_  
 Title \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address of Person Making Report \_\_\_\_\_  
 Department \_\_\_\_\_ Div. \_\_\_\_\_ Loc. \_\_\_\_\_

**If employee is involved, list the following:**

Employee Name \_\_\_\_\_ I.D. # \_\_\_\_\_ S.S. # \_\_\_\_\_ Equipment I.D. # \_\_\_\_\_  
*If employee is injured, notify Teleclaim at: 1-877-632-7475 (or Report on Minor Injury Log) and complete form #160.05-11B Supervisor's Investigation Report.*  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Date of Incident** \_\_\_\_\_ **Hour** \_\_\_\_\_  **A.M.**  **P.M.**  
 Incident Occurred at (Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Was Report Made to Police/Fire?  Yes  No Agency/Municipality \_\_\_\_\_ Case # \_\_\_\_\_  
 Officer Name: \_\_\_\_\_ Badge or I.D.# \_\_\_\_\_

<b>INJURY TO NON-COUNTY PERSONNEL</b>	Name _____ Address _____ City _____ State _____ Zip _____
	Phone (H) _____ (W) _____ (Cell) _____
	Occupation _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Single
	By Whom Employed _____ Address _____
	Was 9-1-1 called? <input type="checkbox"/> Yes <input type="checkbox"/> No 9-1-1 Case/Alarm/Run Report # _____
	Facility where the injured was taken _____ Address _____
Description of the injury _____	

<b>PROPERTY DAMAGED</b>	Name of Owner _____ Address _____ City _____ State _____ Zip _____
	Home Phone _____ Work Phone _____ Cell Phone _____
	Description of Property Damaged _____
	Name of Owner's Insurance Co. _____ Policy # _____ Ins. Co. Phone # _____
	Nature and Extent of Damages _____ Estimate of Repairs _____

<b>WITNESSES</b>	<b>(Secure the names and addresses of witnesses to the accident.)</b>	
	1) Name: _____ Address _____ City _____ State _____ Zip _____	Telephone # (H) _____ (W) _____ (Cell) _____
	2) Name: _____ Address _____ City _____ State _____ Zip _____	Telephone # (H) _____ (W) _____ (Cell) _____
	3) Name: _____ Address _____ City _____ State _____ Zip _____	Telephone # (H) _____ (W) _____ (Cell) _____

