

12022

**MIAMI-DADE COUNTY AVIATION DEPARTMENT
Damage Recovery Control Form**

Division _____
Work Order/
Request No. _____

Prepared by: _____
Name Date

P1 phoned/radioed _____ to _____ by _____
date/time name name

Description _____
of Damage _____
(Brief) _____
time/date

Location: _____

Location damaged property moved to: _____

Party known to be responsible: _____

Contact information: _____

Other reports filed:	No.	Date
Police Report _____	_____	_____
_____	_____	_____
_____	_____	_____

DISTRIBUTION: White – Work Order Center Yellow – MDAD Risk Mgt. Pink – Collection Gold – Division