

# VEHICLE DAMAGE REPORT

The School Board of Broward County, Florida

**DIRECTIONS:** Submit the following information to the Risk Management Department:  
(1) Completed Vehicle Damage Report (2) Police Report (3) Special Investigative Unit Report (form # 4617) (4) Estimate or Repair Bill (5) Deductible page of Insurance Policy

All required documentation must be received before your claim is processed for payment.  
*Make a copy for yourself!*

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_

Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Check appropriate box:  BTU  Maintenance  Food Service  
 Paraprofessional  Clerical  Non-Bargaining

## INCIDENT INFORMATION

Date / Time / Location of Occurrence: \_\_\_\_\_

Witnesses: No Yes (If yes, please complete with Name, Address and Phone Number)

Description of Incident: \_\_\_\_\_

*I CERTIFY THAT THE DAMAGE OCCURRED ON SCHOOL BOARD PROPERTY AND THE ABOVE INFORMATION IS CORRECT:*

Employee  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or  
Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RISK MANAGEMENT

Amount approved for payment \$ \_\_\_\_\_

Not to Exceed Insurance Deductible  
Payment basis is pursuant to the Collective Bargaining Agreements

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_