

# PERSONAL PROPERTY DAMAGE REPORT

The School Board of Broward County, Florida

**DIRECTIONS:** Submit the following information to the Risk Management Department:  
(1) Completed Personal Property Damage Report (2) Special Investigative Unit Report (form # 4617) (3) Estimate or Repair Bill

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 Occurance: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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 \$ \_\_\_\_\_

Payment basis is pursuant to the Collective Bargaining Agreements

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

# IMMEDIATE NOTIFICATION FORM (NON-PERSONNEL)

## REPORTING INFORMATION

School/Site \_\_\_\_\_ Type of Incident \_\_\_\_\_  
Telephone # \_\_\_\_\_ TERMS Event # \_\_\_\_\_  
Area \_\_\_\_\_ N \_\_\_\_\_ C \_\_\_\_\_ S \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_  
Principal/Administrator \_\_\_\_\_ Incident Occurred \_\_\_\_\_ On Campus \_\_\_\_\_ Off Campus  
Name of Complainant \_\_\_\_\_  
\_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_

GANG RELATED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ REQUIRES FURTHER INVESTIGATION

Criteria for further investigation of whether an incident is gang related to include: Mark all that apply.

- \_\_\_\_\_ An incident committed by a documented gang member or associate;
- \_\_\_\_\_ Any fight, assault or incident involving weapons;
- \_\_\_\_\_ Any student suspected of association with a gang member;
- \_\_\_\_\_ Any incident involving recruitment of students into gang membership;
- \_\_\_\_\_ Any student involved in a criminal act wearing gang attire; and
- \_\_\_\_\_ Any gang graffiti or other gang indicia.

## DETAILS OF INCIDENT

Victim(s):		Grade	R	S	DOB	PH#
Name _____	SID _____	_____	_____	_____	_____	_____
Name _____	SID _____	_____	_____	_____	_____	_____

  

Suspect(s):		Grade	R	S	DOB	PH#
Name _____	SID _____	_____	_____	_____	_____	_____
Name _____	SID _____	_____	_____	_____	_____	_____

(Please use additional sheets if necessary.)

Describe Incident/Injuries:

Describe Property Loss/Damage:

Police Notified \_\_\_\_\_ Yes \_\_\_\_\_ No Police Agency \_\_\_\_\_ Report # \_\_\_\_\_  
Paramedics \_\_\_\_\_ Yes \_\_\_\_\_ No Fire Agency \_\_\_\_\_

Signature of Reporting Administrator \_\_\_\_\_

~~ALL OTHER USE ONLY~~  
Investigation Assigned By: \_\_\_\_\_

Date: \_\_\_\_\_

Investigator Assigned: \_\_\_\_\_

Final Incident Determination: \_\_\_\_\_