

# 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)

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: \_\_\_\_\_

# 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):

Name	SID	Grade	R	S	DOB	PH#
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Suspect(s):

Name	SID	Grade	R	S	DOB	PH#
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(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 OFFICE USE ONLY~~  
 Investigation Assigned By: \_\_\_\_\_

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

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

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