



Accident Incident Reports ▶ ShareVis Complete Form

Operations ▼

RISK MANAGEMENT

Orlando City Hall, 7th Floor
Orlando, Florida
Telephone: (407) 246-2255

CITY OF ORLANDO ACCIDENT / INCIDENT REPORT

DATE

REPORT #

* DEPT.

*

DIVISION

Asterisks (*) denote required field entries.

* TYPE INCIDENT/ACCIDENT (Check One)

- MOTOR VEHICLE ACCIDENT/INCIDENT..... FILL OUT SECTIONS I, II, V, VI, VII and VIII.
- PUBLIC ACCIDENT..... FILL OUT SECTIONS I, III, V, VI, VII and VIII.
- DAMAGE TO CITY PROPERTY..... FILL OUT SECTIONS I, IV, V, VI, VII and VIII.
- THEFT, FIRE, VANDALISM..... FILL OUT SECTIONS I, IV, V, VI, VII, and VIII.
- OTHER..... FILL OUT THE APPROPRIATE SECTIONS INCLUDING SECTION VI, VII, VIII.

I. GENERAL INFORMATION

DOC CREATOR

* ON SITE INVESTIGATOR

(Field employee investigating or collecting Incident/Accident data)

Enter the employee #, click inside field below it . Page will refresh with employee data.

* EMP #

EMP #	NAME	DEPT.	CONTACT PHONE	OTHER PHONE
* <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF EMPLOYEE	<input type="radio"/> Driver <input type="radio"/> Victim	BIRTHDATE (mm/dd/yyyy)	DRIVERS LIC. #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LAST	FIRST	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS

STREET	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* ACCIDENT DATE	TIME	LOCATION:STREET/HW	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NATURE AND EXTENT OF INJURY

TAKEN HOME OR TO HOSPITAL

Home Hospital

NAME OF ATTENDING DOCTOR

**PROPERTY DAMAGE
NATURE AND EXTENT**

NAME OF OWNER

ADDRESS

PHONE

LAST

FIRST/MI STREET

CITY

STATE

ZIP

IV. DAMAGE TO, OR LOSS OF, CITY OF ORLANDO PROPERTY

MATERIALS AND EQUIPMENT STOLEN, DESTROYED OR DAMAGED

NO. ITEM	NAME OF ITEM	DESCRIPTION MODEL. SERIAL NO.	AGENCY I.D. NUMBER	PURCH .YEAR	PURCHASE PRICE
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Add another item

*** V. DESCRIPTION OF INCIDENT / ACCIDENT (*REQUIRED)**

VI. WITNESSES IMPORTANT!

NAME

ADDRESS

PHONE

LAST

FIRST

MI STREET

CITY

STATE

ZIP

Add another witness

VII. OFD/OPD

INOI OR IRIS INITIATED Yes No

VIII. ACKNOWLEDGEMENTS

*** Select Supervisor OR Division Manager/Designee Approver: Enter first name (or partial first name, e.g. 'j'), last name (or partial last name e.g. 's'), or both into Supervisor OR Division Approver fields below, and click Search icon. Then select approver from popup list and click name or email address to populate form.**

SELECT ONLY ONE APPROVER

Select One: * Supervisor * Division Manager

Select Supervisor:

Supervisor First Name:

Supervisor Last Name:

Supervisor:

OR

Select Division Approver:

Div. Mgr/Designee First

Name:

Div. Mgr/Designee Last Name:

Div. Manager:

ATTACHMENTS

Process AccidentIncidentReport

Save and Route

Save

Cancel