



Village of Royal Palm Beach, Florida (Building/Facility) Property Damage Investigation Report

TYPE of Claim Minor Damage < \$1K Theft Fire Vandalism Graffiti Accident DATE : _____

Damage to : Park Building/Structure Lights/Signs Vehicle Fence Equipment DEPT : _____

PROPERTY INFORMATION

ADDRESS - actual or nearest incident/property		Specific Park/Building	Reported to Police?	Police Report #
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Incident	Time	Person First Notified	Damage Estimates:	
	a.m./ p.m.		Damage amount \$	

DESCRIPTION

DESCRIPTION OF INCIDENT/ACCIDENT /DAMAGE – WHO/WHAT/WHEN/HOW

DESCRIPTION of POSSIBLE CAUSE(S)	Will Police Follow Up/Investigate?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIPTION OF SPECIFIC DAMAGES/ ITEMIZE Stolen Items, etc.	Can Damage Be Repaired In-House
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does immediate action need to be taken? If So, what? (i.e., call in employees, vendor, etc)

NOTIFICATION and FOLLOW UP

Does anyone other than Village & Police Dept Need to be Notified?	Sports Providers?	Other
<input type="checkbox"/> Yes <input type="checkbox"/> No Who?		

What, if anything, can be changed or addressed to have prevented this incident? (i.e. cameras, alarm, etc.)

Does the Damage pose any immediate danger to the public or employees?

If Yes, What is the danger and what needs to be done?

Additional Comments:

INITIAL ACTION TAKEN (DESCRIBE):

WITNESS (must attach statement)- (if no witnesses, enter "NONE") WITNESS (must attach statement)

_____	_____
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APPROVAL / SIGNATURES:

APPROVED: (Supervisor agrees with description of accident/incident) DENIED: (Supervisor disagrees with description of accident/incident)

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree. I have reviewed, understand and acknowledge the above statement.

EMPLOYEE SIGNATURE: _____	DATE: _____
PRINT NAME _____	SIGNATURE _____
SUPERVISOR SIGNATURE: _____	DATE: _____
PRINT NAME _____	SIGNATURE _____
DEPT DIRECTOR'S SIGNATURE: _____	DATE: _____
PRINT NAME _____	SIGNATURE _____