

**MIAMI-DADE COUNTY AVIATION DEPARTMENT  
Damage Recovery Control Form**

Division \_\_\_\_\_  
Work Order/  
Request No. \_\_\_\_\_

Prepared by: \_\_\_\_\_  
Name Date

P1 phoned/radioed \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_  
date/time name name

Description of Damage (Brief) \_\_\_\_\_  
time/date

Location: \_\_\_\_\_

Location damaged property moved to: \_\_\_\_\_

Party known to be responsible: \_\_\_\_\_

Contact information: \_\_\_\_\_

Other reports filed:	No.	Date
Police Report	_____	_____
	_____	_____
	_____	_____

DISTRIBUTION: White - Work Order Center Yellow - MDAD Risk Mgt. Pink - Collection Gold - Division