

KETTERING VEHICLE MAINTENANCE CENTER DAMAGED VEHICLE REPORT

VEHICLE NO.
REPORT DATE
REPORT TIME
DAMAGED DATE
DAMAGED TIME

EMPLOYEE (LAST, FIRST, M)	SSN	OLN	ISSUED	EXPIRES	CHARGED <input type="checkbox"/> Y <input type="checkbox"/> N
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DAMAGE OCCURRED ON	<input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> WITHIN THE INTERSECTION
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IF NOT IN INTERSECTION _____ FEET	W	N S	E	(LIST NEAREST INTERSECTION)
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CITY VEHICLE YR.	MAKE	MODEL	LIC. NUMBER	CITY ID NO.	VEH. TOWED <input type="checkbox"/> NO <input type="checkbox"/> YES	TOWED BY
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OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	DISCOVERED <input type="checkbox"/>	FIXED OBJECT STRUCK <input type="checkbox"/> NO <input type="checkbox"/> YES	DESCRIBE:
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DRIVER OF OTHER VEHICLE (LAST, FIRST, M.)	ADDRESS
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PHONE	SSN	OLN	ISSUED	EXPIRES	INJ.	INSURANCE COMPANY
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OWNER OF VEHICLE/PROPERTY (LAST, FIRST, M.)	ADDRESS
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PHONE	INSURANCE CO.	VEH. YR.	MAKE	MODEL	LIC. NO.
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OTHER UNIT:	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	NONE <input type="checkbox"/>
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DESCRIBE INCIDENT:

PHOTOGRAPHS <input type="checkbox"/> NO <input type="checkbox"/> YES BY:	EMPLOYEE SIGNATURE	SUPERVISOR SIGNATURE
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DAMAGE TO CITY VEHICLE (CIRCLE DAMAGED AREA/ADD DETAILS AS NECESSARY):

DESCRIBE DAMAGE TO OTHER VEHICLE:

OVER \$400? Y N

