## KETTERING VEHICLE MAINTENANCE CENTER DAMAGED VEHICLE REPORT

| VEHICLE NO.  |  |
|--------------|--|
| REPORT DATE  |  |
| REPORT TIME  |  |
| DAMAGED DATE |  |
|              |  |

|                                   |  |          |            |     |              |           |                     |                             |        |                      |           | Ī           | DAMAGED TIME |         |         |  |
|-----------------------------------|--|----------|------------|-----|--------------|-----------|---------------------|-----------------------------|--------|----------------------|-----------|-------------|--------------|---------|---------|--|
|                                   | EMPLOYEE (LAST, FIRST,   | M)       |            |     |              |           | SSN                 |                             |        | OLN                  |           | ISSUED      |              | EXPIRES | CHARGED |  |
|                                   | DAMAGE OCCURRED ON   |          |            |     |              |           |                     | □ PR                        | RIVATE | PROPERTY             | □ WITHIN  | THE INTERSE | CTION        |         | 1=:=::  |  |
|                                   | IF NOT IN INTERSECTION W N E S   |          |            |     |              |           | (LIST NEAR          | (LIST NEAREST INTERSECTION) |        |                      |           |             |              |         |         |  |
|                                   | CITY VEHICLE YR.   |          | MAKE       |     | MODEL        |           | LIC. NUMBE          | R                           | CI     | TY ID NO.            | VEH. TOWE | D YES       | TOWED BY     | Y       |         |  |
|                                   | OPERATING PARKED   | DRIVERL  | .ESS NON-( |     | DISCOVERED   | FIXED OB  | JECT STRUCK  U YES  |                             | RIBE:  |                      |           | LI 1E3      |              |         |         |  |
|                                   | DRIVER OF OTHER VEHICLE (LAST, FIRST, M.)                              |          |            |     |              | ADDRESS   |                     |                             |        |                      |           |             |              |         |         |  |
|                                   | PHONE  | SSN      |            | OLN |              | ISSUED    | EXPIRES             | INJ.                        | INSUR  | ANCE COMF            | PANY      |             |              |         |         |  |
| OTHER UNIT                        | OWNER OF VEHICLE/PROPERTY (LAST, FIRST, M.)                            |          |            |     |              |           | ADDRESS             |                             |        |                      |           |             |              |         |         |  |
| OTH                               | PHONE  | INSURANC | CE CO.     |     |              |           | VEH.YR.             | MAKE                        |        |                      | MODEL     |             | LIC. NO.     |         |         |  |
|                                   | OTHER OPERATING UNIT:  | PARKED   | DRIVERLE   |     | CONTACT      | HIT & RUN | PROPERTY            | NON                         | NE     |                      |           |             |              |         |         |  |
|                                   | DESCRIBE INCIDENT:   |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
|                                   |  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
|                                   |  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
|                                   |  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
|                                   |  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
|                                   | PHOTOGRAPHS EMPLOYEE   |          |            |     | EE SIGNATURE |           |                     |                             |        | SUPERVISOR SIGNATURE |           |             |              |         |         |  |
|                                   | □ NO □ YES   |          |            |     |              | CCADV).   | 0                   |                             |        |                      |           |             |              |         |         |  |
| _                                 | DAMAGE TO CITY VEHICLE (CIRCLE DAMAGED AREA/ADD DETAILS AS NECESSARY): |          |            |     |              |           | Honda Accord (1997) |                             |        |                      |           |             |              |         |         |  |
| CITY UNIT                         |  |          |            |     |              |           | 2006<br>4006        |                             |        |                      |           |             |              |         |         |  |
|                                   |  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
| DESCRIBE DAMAGE TO OTHER VEHICLE: |  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
| NNIT NO E                         |  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
| OTHER UNIT                        |  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
| OVER \$400? □ Y □ N               |  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |
|                                   | P18-004  |          |            |     |              |           |                     |                             |        |                      |           |             |              |         |         |  |

|   |  | I     |     |      |       |  |  |  |  |  |
|---|--|-------|-----|------|-------|--|--|--|--|--|
| DRIVER/PASSENGERS/WITNESSES<br>NAME   | ADDRESS  | PHONE | AGE | INJ* | P/O** |  |  |  |  |  |
| DRIVER:   |  |       |     |      |       |  |  |  |  |  |
|   |  |       |     |      |       |  |  |  |  |  |
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|   |  |       |     |      |       |  |  |  |  |  |
| *1-FATAL 2-SERIOUS 3-MINOR 4-NO VISIBLE 5<br>**P-IN POLICE VEHICLE O-IN OTHER VEHICLE |  |       |     |      |       |  |  |  |  |  |
| TO BE COMPLETED BY SUPERV   | /ISOR  |       |     |      |       |  |  |  |  |  |
| CHECK APPLICABLE BOXES  |  |       |     |      |       |  |  |  |  |  |
| ☐ DAMAGE CAUSED BY  | ☐ DAMAGE CAUSED BY A TRAFFIC ACCIDENT ON A STREET OR ALLEY |       |     |      |       |  |  |  |  |  |
| □ BODILY INJURY   | □ BODILY INJURY  |       |     |      |       |  |  |  |  |  |
| □ DAMAGE TO PRIVATELY OWNED PROPERTY OR VEHICLE                                       |  |       |     |      |       |  |  |  |  |  |
| ☐ MORE THAN ONE MC  | VING CITY VEHICLE  |       |     |      |       |  |  |  |  |  |
| ☐ EXTENUATING CIRCU   | JMSTANCES (SPECIFY)  |       |     |      |       |  |  |  |  |  |
| IF ANY OF THE ABOVE ARE CHECK   | ED, THEN AN OH-1 IS REQUIRED.                              |       |     |      |       |  |  |  |  |  |
| OLIDED/JOOD/O COMMENTO:   |  |       |     |      |       |  |  |  |  |  |
| SUPERVISOR'S COMMENTS.  |  |       |     |      |       |  |  |  |  |  |
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