

# Auto Damage Report

## SECTION 1

(Complete in full)

1. Municipality Name: \_\_\_\_\_

2. Incident Information:

Reporting Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe what happened:

Contact person for additional information: \_\_\_\_\_

Witness/Passenger Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Was a Police Report filed? Yes  No  Report # \_\_\_\_\_

Where filed? \_\_\_\_\_

## SECTION 2

### 1. For Auto/Motorized Equipment Loss/Damage Municipal Vehicle Information

Plate: \_\_\_\_\_ Last 4 of VIN: \_\_\_\_\_ Vehicle # \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Describe Damage:

Where can vehicle be seen? \_\_\_\_\_

### 2. Other Vehicle/Property Information

Year: \_\_\_\_\_ Plate: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Describe Damage:

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_