University Facilities and Services

Vehicle Damage Report

Complete this form within 4 hours of when the damage is first noticed.

Driver ____________________________            Department __________________________

Job Title ____________________________            Vehicle ID ___________________________

Vehicle Make /Model ____________________             License Number _______________________

Equipment Type ________________________          Security Report #_______________________

Date Damage Occurred _____________________        Estimated Repair Cost __________________

Location/Address Damage Occurred:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Description of damage: ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What could have been done to prevent this from happening? __________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Date of report: _______________________________________

Driver Signature: _____________________________________

Supervisor Signature: __________________________________

Section below to be filled out by Auto Shop Mechanic

Vehicle is safe to drive            Yes ______     No _______

Improper use or Treatment?    Yes ______     No _______

Auto Shop Comments: _________________________________________________________________

Auto Shop Signature: ________________________________________________________________

Copy:   Driver
       Supervisor
       Department Director
       Vehicle Fleet Administrator