

# 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: \_\_\_\_\_

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Section below to be filled out by Auto Shop Mechanic

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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