

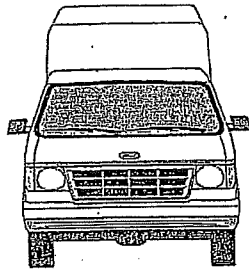
# Vehicle Damage Report Form

Date of Report \_\_\_\_\_  
Time of Report \_\_\_ a.m. \_\_\_ p.m.

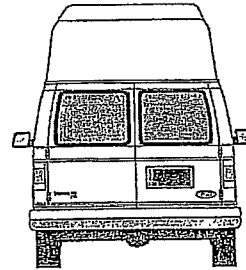
System: \_\_\_\_\_  
Vehicle No. : \_\_\_\_\_

Date of Damage: \_\_\_\_\_ Time of Damage: \_\_\_ a.m. \_\_\_ p.m.  
Location: \_\_\_\_\_

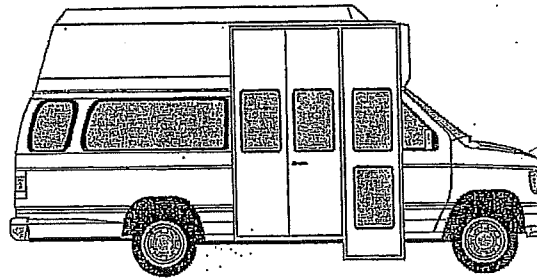
*(Indicate Damage on the Appropriate Diagram)*



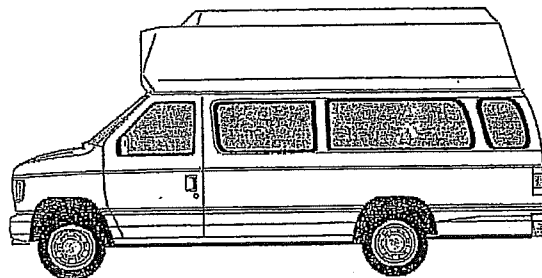
*(front)*



*(rear)*



*(right side)*

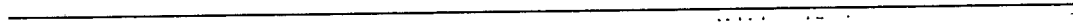


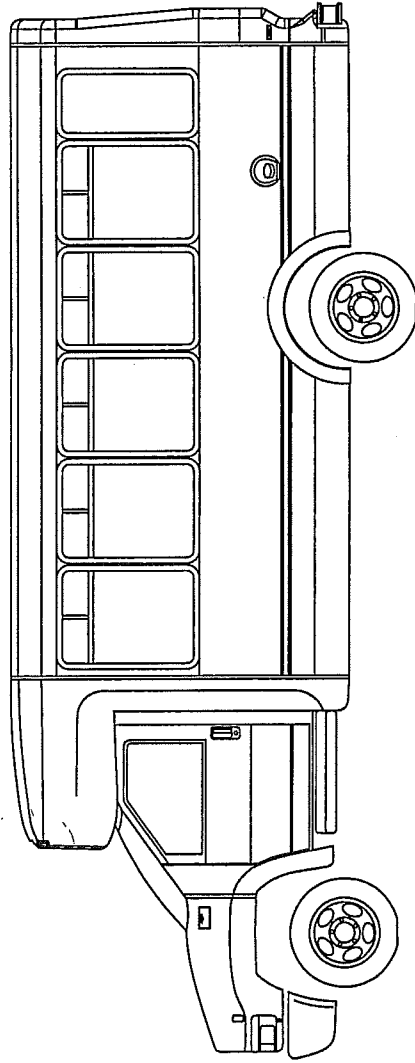
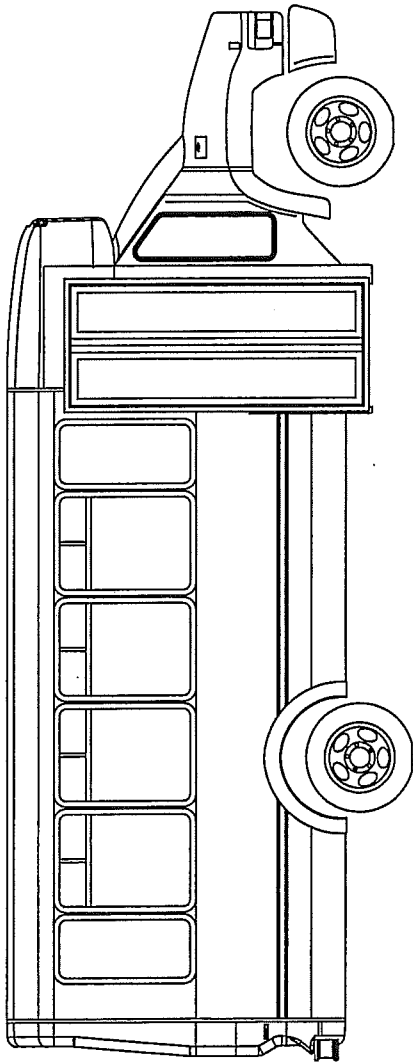
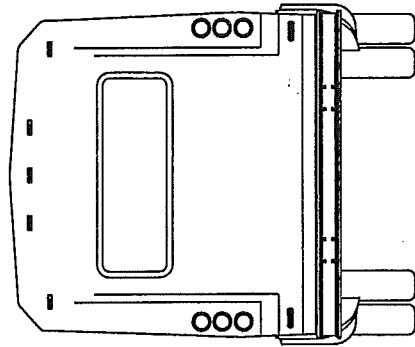
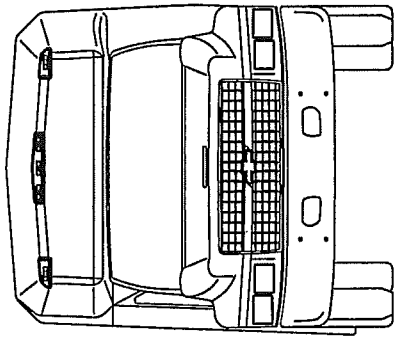
*(left side)*

Name of Person Completing Report: \_\_\_\_\_

Signature of Person Completing Report: \_\_\_\_\_

Signature of Person Receiving Report: \_\_\_\_\_





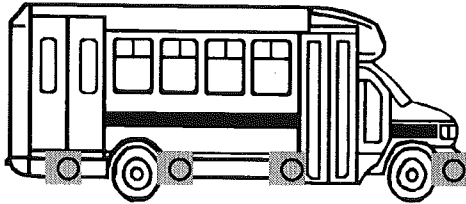
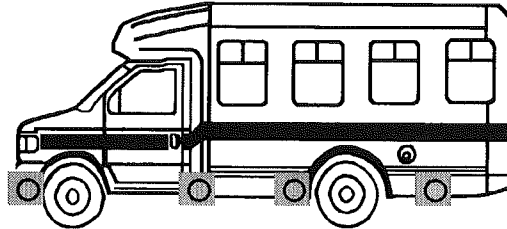
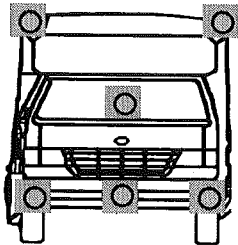
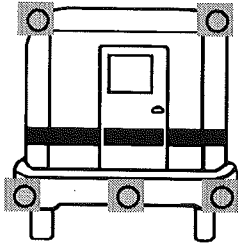




**Section 4 - Property Damage Report**

No Damage to Report

Please mark the area(s) where **property damage** may have occurred.



If these options do not adequately identify the area(s) of damage, please explain below..

Extent of Damage to Vehicle: \_\_\_\_\_

Estimated Cost of Repairs: \$ \_\_\_\_\_ Taken Out of Service?  Yes  No

Estimated Time Vehicle will be out of Service: \_\_\_\_\_

**Please notify your TPA when vehicle repairs are complete and vehicle is back in service.**

**Section 5 - Signature**

Transit Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

Sent to Iowa DOT Date: \_\_\_\_\_