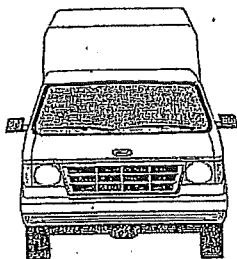


Vehicle Damage Report Form

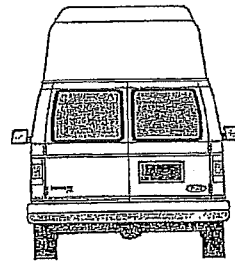
Date of Report _____ System: _____
Time of Report ___ a.m. ___ p.m. Vehicle No. : _____

Date of Damage: _____ Time of Damage: ___ a.m. ___ p.m.
Location: _____

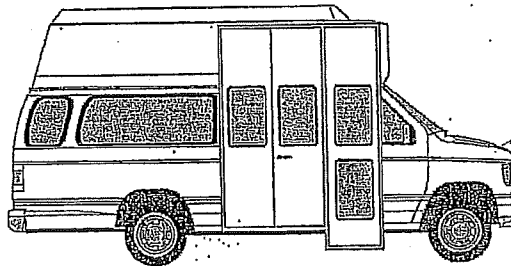
(Indicate Damage on the Appropriate Diagram)



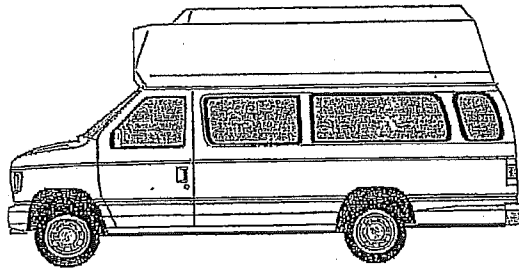
(front)



(rear)



(right side)

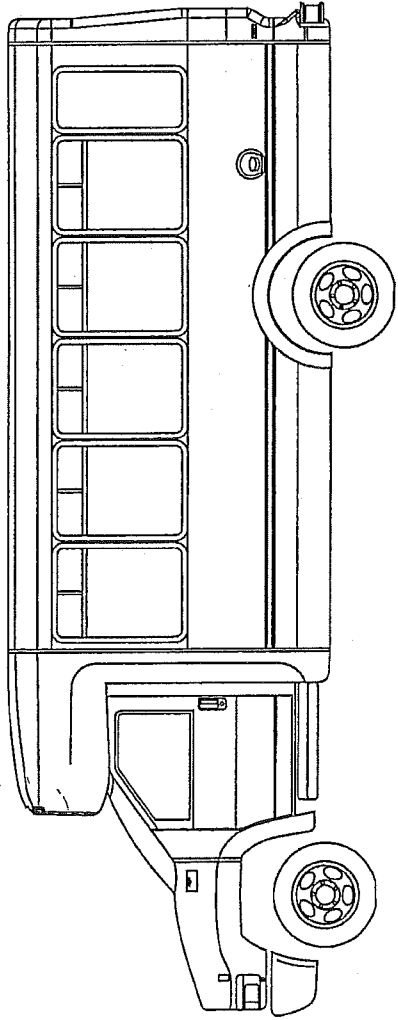
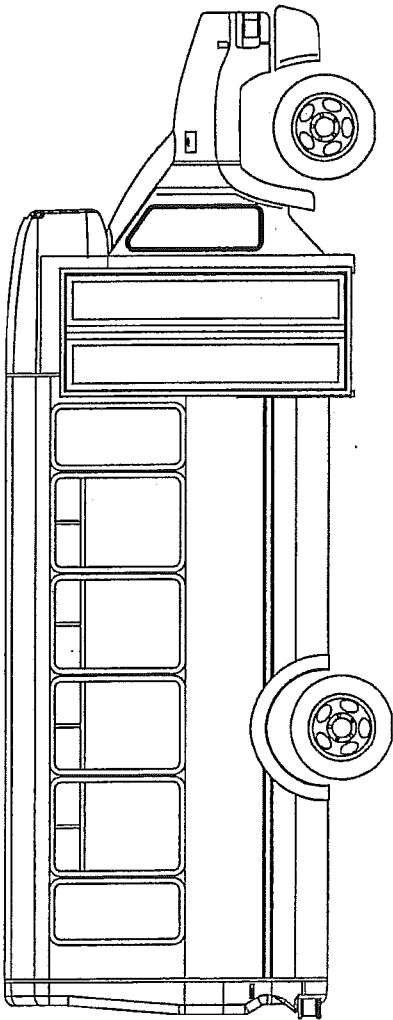
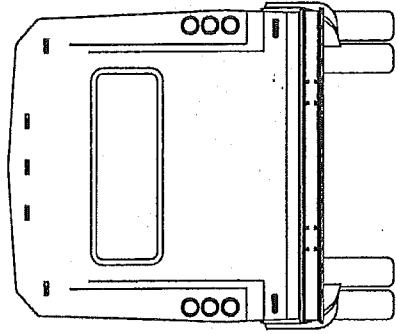
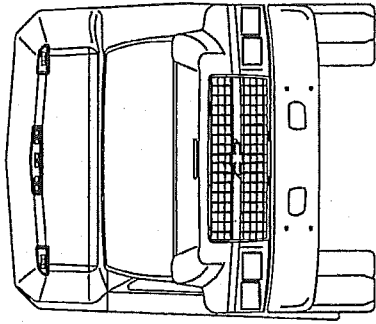


(left side)

Name of Person Completing Report: _____

Signature of Person Completing Report: _____

Signature of Person Receiving Report: _____



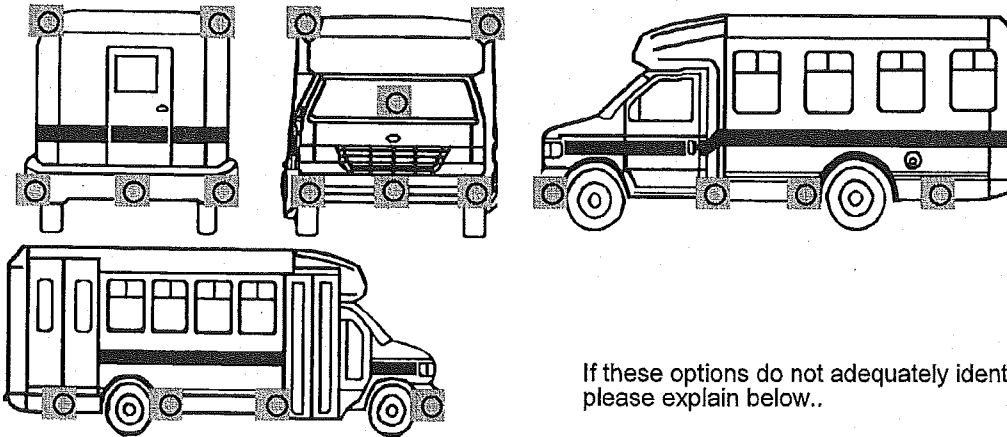


TRANSIT AGENCY ACCIDENT REPORTING FORM

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: _____