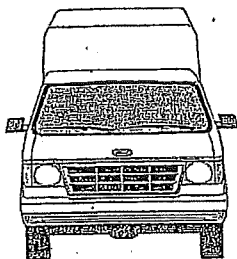


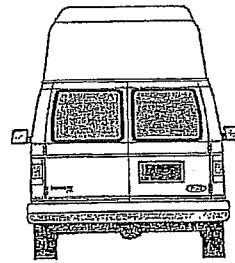
# Vehicle Damage Report Form

Date of Report \_\_\_\_\_ System: \_\_\_\_\_  
Time of Report \_\_\_ a.m. \_\_\_ p.m. Vehicle No. : \_\_\_\_\_  
Date of Damage: \_\_\_\_\_ Time of Damage: \_\_\_ a.m. \_\_\_ p.m.  
Location: \_\_\_\_\_

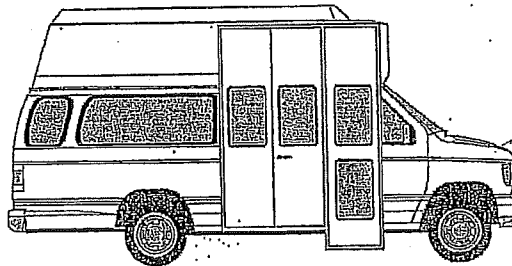
*(Indicate Damage on the Appropriate Diagram)*



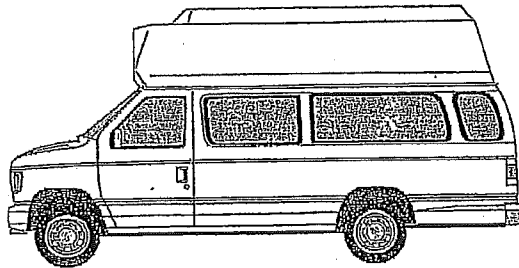
*(front)*



*(rear)*



*(right side)*

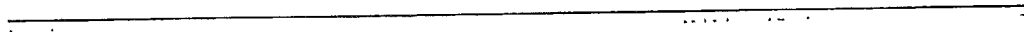


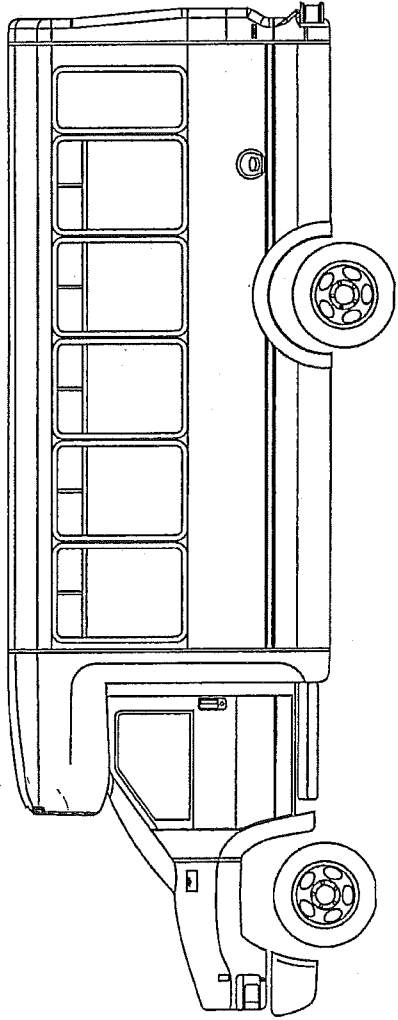
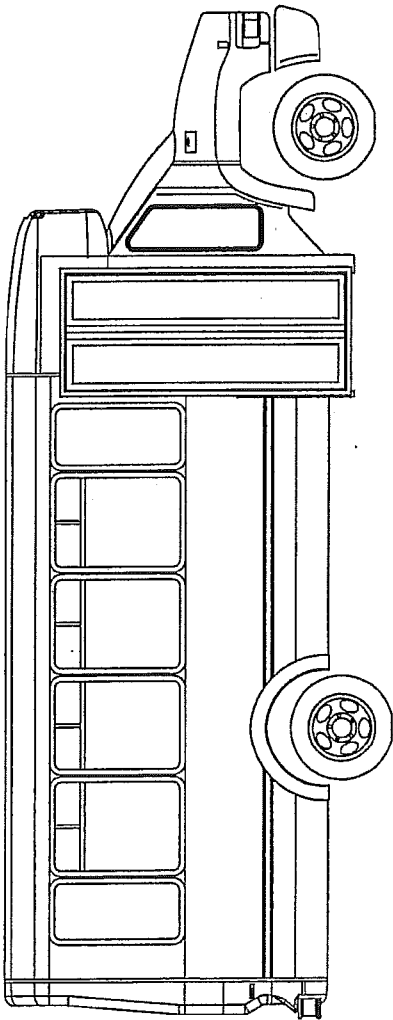
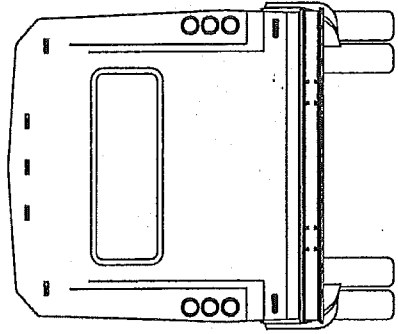
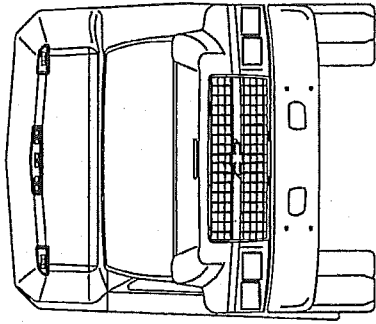
*(left side)*

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

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

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







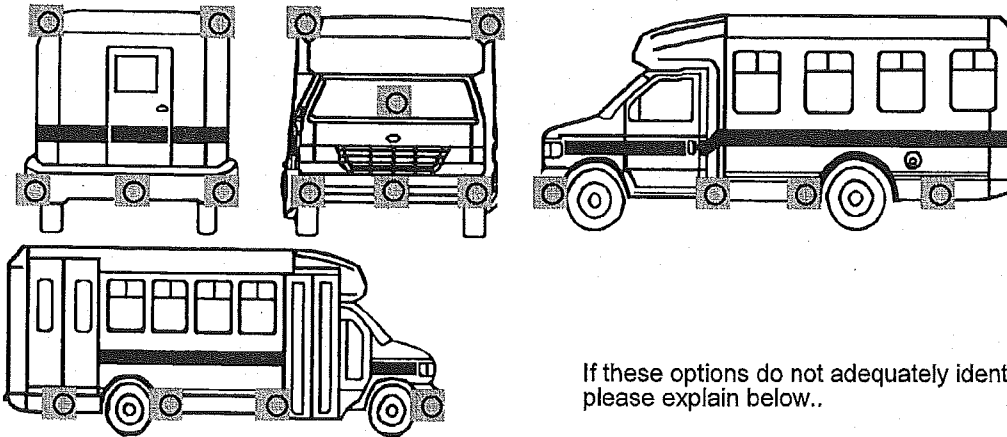


# TRANSIT AGENCY ACCIDENT REPORTING FORM

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