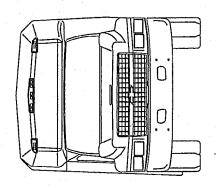
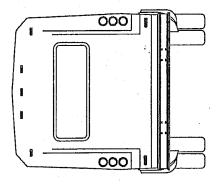
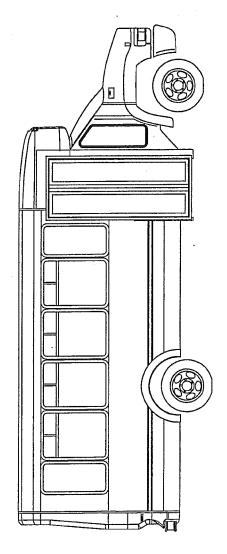
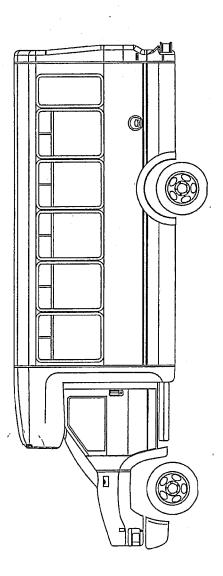
Vehicle Damage Report Form

Date of Report	System:	
Time of Reporta.mp.m.	Vehicle No.:	
Date of Damage:	Time of Damage:a.mp.m.	·
(Indicate Damage	on the Appropriate Diagram)	
(27,000)		
,		١
	Tonamana Tarangan	<u>[</u>
		<u>I</u>
(front)	(rear)	
· · · · · · · · · · · · · · · · · · ·		
(I	right side)	
	Control Control Control	
	sîde)	
Name of Person Completing Repor	t:	
•		
_	eport:	
Signature of Person Receiving Rep	ort:	











TRANSIT AGENCY ACCIDENT REPORTING FORM

This form must be completed by regional and small urban providers if any vehicle involved in the accident is towed from the scene and/or an individual involved in the accident requires off-site medical treatment.

Send the completed form to the lowa Department of Transportation within 48 hours after the accident.

Office of Public Transit Attn.: Accident Reporting 800 Lincoln Way Ames, IA 50010 Phone: (515) 239-1806 FAX: (515) 233-7983

and any property damage. An alcohol test mus employer must still attempt to complete it within	ent that proper alcohol/drug tests were performed st be performed within 2 hours. If the test is not on a 8 hours. Anything beyond the 2 hour limit must timely manner. Drug tests must be performed w	completed within the 2 hours, then the the documented in the file with the
Todason(s) why a test was not authinistered in a	umely marmer. Drug tests must be pendimed w	num 32 nours following an accident.
Emiliar Services and the services are the services and the services are the services are the services and the services are th		
Section 1 - Accident Information		
Agency & Provider Name:		
Driver Name:		
First	M Last	
Date & Time of Accident:		·
Location of Accident:		
Vehicle Year: Make/Model:	Vehicle No.:	VIN No.:
Injuries? Yes No Off-s	ite medical treatment required? Yes	No
Section 2. Alcohol and Dwg Topting (a	unan isar asmalata)	
Section 2 - Alcohol and Drug Testing (S		
Was employee sent for post-accident alcol	hol and drug screen? Yes No	
If No, explain:		
If Yes, Date and Time of each test: Alco	phol: Dru	ıg:
Section 3 - Police Involvement		
Were the police called? Yes	No	
If Yes, Officer Name:	Badge No.:	Case No.:

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:
stimated Cost of Repairs: \$ Taken Out of Service?
stimated Time Vehicle will be out of Service:
Please notify your TPA when vehicle repairs are complete and vehicle is back in service.
ection 5 - Signature
ransit Agency Representative: Date:
ontact Phone No.:
Sent to Iowa DOT Date: