

ID

DATE

CITY OF CHARLESTON

DEPARTMENT VEHICLE DAMAGE REPORT

DRIVER		EMPLOYEE #:		DEPARTMENT	ACCIDENT DATE	TIME
UNIT	YR	MAKE	MODEL	VIN		
ACCIDENT LOCATION						
DIRECTION TRAVEL	WEATHER	STREET CONDITION	SPEED/MPH	HORN SOUNDED	FEET AWAY	
DIST FROM ACCIDENT WHEN OTHER PARTY FIRST SEEN						
HOW FAR DID YOUR VEHICLE TRAVEL AFTER POINT OF ACCIDENT?			WAS POLICE CALLED?	OFFICER'S NAME		
HOSPITAL USED						

APPROXIMATE DAMAGE

DAMAGE TO CITY VEHICLE
DAMAGE TO OTHER VEHICLE:

OTHER VEHICLE(S)

OWNER OF OTHER VEHICLE		ADDRESS	ST NO	STREET	CITY	STATE	ZIPCODE
TELEPHONE		DRIVER OF OTHER VEHICLE					
ADDRESS	ST NO	STREET	CITY	STATE	ZIPCODE	TELEPHONE	
YEAR	MAKE	MODEL	DIRECTION TRAVELING		PERSONS IN VEHICLE		
INSURANCE COMPAN					POLICY NUMBER		
YR	MAKE	MODEL	DIRECTION TRAVELING		PERSONS IN VEHICLE		
INSURANCE COMPANY NAME					POLICY NUMBER		

PERSONAL INJURY

INJURED	ST NO	STREET	CITY	ZIPCODE	INJURY
INJURED	ST NO	STREET	CITY	ZIPCODE	INJURY
INJURED	ST NO	STREET	CITY	ZIPCODE	INJURY

REPAIR ESTIMATES

REPAIR SHOP AND DETAIL	AMOUNT
REPAIR SHOP AND DETAIL	AMOUNT
REPAIR SHOP AND DETAIL	AMOUNT

DESCRIPTION OF ACCIDENT

WHAT ACTUALLY HAPPENED

REPORTED TO

DRIVER'S SIGNATURE

DRIVER'S AGE

MANAGEMENT'S COMMENTS

MANAGER COMMENTS

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CITY MANAGER'S SIGNATURE