

VEHICLE DAMAGE REPORTING FORM

This Form should be used to report physical damage to University owned, assigned, and leased vehicles and equipment due to collision or other event (i.e. theft, fire, glass breakage, windstorm, hail, vandalism, malicious mischief, etc.).

SECTION A

Vehicle/Equipment #: _____ License Plate # _____ FOAPA FOR DEPOSIT: _____

Make: _____ Model: _____ Year: _____

Operator: _____ Work Phone: _____

Person who discovered damage: _____ Work Phone: _____

Investigating Agency (select one): ECU Police Greenville Police Other (specify) _____

Name of Investigating Officer: _____ Report No. (if available) _____

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

SECTION B

Describe Accident:

Describe Damage(s) to Vehicle/Equipment:

SECTION C

Witness: _____ Phone: _____

Witness: _____ Phone: _____

COMPLETED BY:

(Employee signature) (date)

REVIEWED BY:

(Immediate supervisor signature) (date)

REVIEWED BY:

(Dept Manager signature) (date)