

THE LOOP - MORROW COUNTY TRANSPORTATION

VEHICLE INCIDENT REPORT

INCIDENT DETAILS

YOUR NAME: _____ YOUR PHONE#: _____

DATE/TIME INCIDENT OCCURRED: _____

BRIEF DESCRIPTION OF INCIDENT:

DID THE INCIDENT INVOLVE DAMAGE TO A VEHICLE OR PROPERTY OF OTHER?

VEHICLE PROPERTY OTHER

WAS THIS A MEMBER-OWNED VEHICLE OR A CITIZEN-OWNED VEHICLE OR BOTH?

MEMBER CITIZEN BOTH

WAS DAMAGE DUE TO COLLISION WITH AN OBJECT?

YES NO

MEMBER VEHICLE:

VEHICLE MAKE: _____ VEHICLE MODEL: _____

VIN: _____ VEHICLE YEAR BUILT: _____

FULL DETAILES OF EVENT: (Detailed Description of Event, Person Involved)

