# Vehicle Damage Report

**Please email a completed copy to risk.management@maconbibb.us**

Department _____ Division _____

Accident Date _____ Accident Time_____ AM/PM

On County Premises () Yes () No Date Employee First Aware_____

Exact Location of Accident/Incident_____

Person Involved_____ **Contact Number**_____

Employee Position/Title_____

How Long in Current Position_____ Years/Months Driver on or off duty _____

Injuries _____ Lights & Sirens On _____

Accident Reported to_____ **Contact Number** _____

Vehicle #_____ Year/Make/Model_____

**Mileage on Vehicle at Time of This Report** _____

Describe exactly what happened. (Before, during and after the incident)

_____

_____

_____

Describe the **damages** to the vehicle/property:

_____

_____

**Please check below:**

**None:**
__ Very Small
__ Does not require repairs

**Moderate:**
__ Repairs needed to drive
__ Drivable but need repairs

**Slight**
__ Does not need repairs
__ Damage not noticeable

**Severe**
__ Not drivable/need repairs
__ Possible Total Loss (need replacement)

**Employees' Signature:** _____ **Date:** _____

**Immediate Supervisor:** _____ **Date:** _____

**Division Head:** _____ **Date:** _____