



CITY OF BALTIMORE

VEHICLE DAMAGE DESCRIPTION

REPORT DATE	
MVMSD VEHICLE NUMBER	
VEHICLE YEAR	MODEL

INSTRUCTIONS:

1. Print legibly or use typewriter.
 2. OPERATOR: complete top section of form & forward to immediate supervisor.
 3. IMMEDIATE SUPERVISOR:
 - a.) Review all information on form.
 - b.) Complete bottom section of form.
- c.) Distribute as follows:
- Original—to Maintenance Coordinator at Central Garage
 - 1 copy—to agency or bureau head for file.
 - 1 copy—Occupational Safety.
 - 1 copy—Driver

OPERATOR	NAME	AGENCY	BUREAU NO.	PHONE
TYPE OF VEHICLE	<input type="checkbox"/> ASSIGNED / <input type="checkbox"/> NON-ASSIGNED		<input type="checkbox"/> CODE I / <input type="checkbox"/> CODE II	
ADDITIONAL REPORTS SUBMITTED	<input type="checkbox"/> MOTOR VEHICLE ACCIDENT REPORT (28-1758-5026)	<input type="checkbox"/> VANDALISM INCIDENT REPORT (28-1258-5096)	<input type="checkbox"/> POLICE REPORT #	<input type="checkbox"/> OTHER (SPECIFY)
DESCRIBE IN DETAIL, HOW VEHICLE DAMAGE OCCURED, & EXTENT OF DAMAGE:				DATE OF INCIDENT
				TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
				WEATHER CONDITIONS
OPERATOR SIGNATURE				DATE
OPERATOR'S IMMEDIATE SUPERVISOR	NAME	TITLE	PHONE	
	COMMENTS			
SUPERVISOR SIGNATURE				DATE