



Accounts Receivable Account # \_\_\_\_\_

## District Property Damage Report Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM

District Vehicle # (if vehicle was involved): \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

Location of Incident:

Description of Incident:

Other Party Information: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

\_\_\_\_\_

Insurance Company Name & Policy # \_\_\_\_\_

\_\_\_\_\_

Owner/Employer Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle License: \_\_\_\_\_

Traffic Report # \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Reported by: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Phone: \_\_\_\_\_



## District Property Damage Report Form

Describe Damage:

Amount of Water Lost (gallons): \_\_\_\_\_

Note: Please draw a diagram of the incident in the box provided.

Initial Response by: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_