PINELLAS COUNTY SCHOOLS

NON SCHOOL DISTRICT VEHICLE OR PERSONAL PROPERTY DAMAGE REPORT (Do not use this form for a crash accident involving a district vehicle and another vehicle)

ate of Incident	_ Time	Loca	ition		
lame: Last	First		Middle I	nitial Phone #	
Vork Location (If employee)		Work Ph	one #	Supervisor	
Iome Address: Street		Apt/Unit	City	State	Zip Code
lail Address (if different from al	bove) St/P.O. Box		City	State	Zip Code
	V	ehicle Dam	age Informati	on	
Can the Vehicle be Driven	Yes No Do yo	ou Own the \	/ehicle Ye	s No	
Owner Name: Last		First		Phone #	
Owner Address: Street		_Apt/Unit _	City	State	Zip Code
Mail Address (if different from	above) St/P.O. Box		City	State	Zip Code
Vehicle Make		_ Model		Year	
What is the estimated repair c	ost?	(Please	include 2 esti	mates when submitt	ting this form)
Describe the vehicle damages	and how the inciden	t occurred:			
	ape, clothing, etc.)				
What was damaged? (Landsc What is the estimated repair o Describe the property damage	ape, clothing, etc.) r replacement cost?_	((Please includ		
What is the estimated repair o	ape, clothing, etc.) r replacement cost? _ es and how the incide	ent occurred:	(Please includ	e 2 estimates when	
What is the estimated repair o Describe the property damage	ape, clothing, etc.) r replacement cost? _ es and how the incide Res (who damaged	ent occurred:	(Please includ	te 2 estimates when	submitting this form)
What is the estimated repair o Describe the property damage	ape, clothing, etc.) r replacement cost? _ es and how the incide Res (who damaged	ent occurred: sponsible P d your vehic	(Please includ	tion	submitting this form) Middle Initial
What is the estimated repair o Describe the property damage	ape, clothing, etc.) r replacement cost? _ es and how the incide Res (who damaged	sponsible P d your vehic Phone #	(Please includ	ation y, if applicable) Superviso	submitting this form) Middle Initial
What is the estimated repair o Describe the property damage Employee Name: Last Work Location	ape, clothing, etc.) r replacement cost? _ es and how the incide Res (who damaged	sponsible Pd your vehicFi_Phone #	(Please included incl	ation y, if applicable) Supervisorable)	submitting this form) Middle Initial
What is the estimated repair o Describe the property damage Employee Name: Last Work Location	ape, clothing, etc.) r replacement cost? _ es and how the incide Res (who damaged Witn Fire	sponsible P d your vehic Phone #	erson Informacle or property	ation y, if applicable) Supervisorable) Phone #	submitting this form) Middle Initial
What is the estimated repair o	Res (who damaged Witn Fire	sponsible P d your vehic Phone #	erson Informacle or property	ation y, if applicable) Supervise able) Phone # Supervisor	submitting this form) Middle Initial