

MUNICIPALITY OF
NORRISTOWN
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NORRISTOWN FIRE DEPARTMENT DAMAGE TO A MUNICIPAL VEHICLE REPORT



1. This form must be filled out whenever a Municipal vehicle is damaged.
2. It must be filled out IN ADDITION to any other forms involved.
3. It must be filled out regardless of how minor or how major the damage may be.
4. All attempts must be made to complete this report the same day the damage occurred. In all cases, it must be completed within 24 hours.
5. Supervisor or person acting as such must sign form and is responsible for making copies and delivering same to Human Resources and Garage Office.
6. Supervisor is responsible for getting report completed and shall assist in getting needed information.

Operator's Name: _____ Vehicle Number: _____

Vehicle Year: _____ Vehicle Type: _____ License #: _____

Location of Damage _____ Serial Number _____

Other Parties Involved

Name: _____ Name: _____

Address: _____ Address: _____

Town: _____ Town: _____

State & Zip: _____ State & Zip: _____

Other Vehicle: _____ Other Vehicle: _____

License #: _____ License #: _____

Serial #: _____ Serial #: _____

Insurance Company: _____ Insurance Company: _____

Describe the incident:

Operator _____

Supervisor _____

Date _____

Date _____