

International Damage Vehicle Work Sheet

Fleet Administration, 25th Floor
 50 East North Temple Street
 Salt Lake City UT 84150-5270

Date area notified by Dept/Mission

Country in which accident occurred

Date of incident

Type of Incident

- Intersection
 Skidding
 Backing
 Vandalism
 Fire
 Theft
 Other: _____

Name of department or mission

Location code

Vehicle Information

ID Number	Odometer	Year	Make/model
Name of our driver (last name, first name)		Date insurance company was notified	Claim Number
Insurance company contact		Date police were notified	Preventable/non-preventable <input type="checkbox"/> <input type="checkbox"/>
Third party recovery potential <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____			

Vehicle Damage Information

Estimated value of vehicle when repaired	*	+ \$	Open Items? <input type="checkbox"/> Yes <input type="checkbox"/> No
(minus) Repair/appraisal estimate	*	- \$	
(minus) Towing and storage charges	*	- \$	
(equals) NET REALISTIC VALUE	*	= \$	Salvage Value * \$

Action taken or Comments

Date			
Date			
Date			
Action on car <input type="checkbox"/> To be repaired <input type="checkbox"/> Sell for salvage	Date Salvage Received	Salvage Amount Received	\$

Approval Signatures

Area Fleet Managers signature

Area Materials Management Manager's signature