HUNTINGTON COMMUNITY FIRST AID SQUAD

VEHICLE DAMAGE REPORT FORM

Vin #: _____ Date of Report: _____

Vehicle No. _____ Date of Accident: _____

Run Number: _____ Time of Accident: _____

Obtain MV104A from Police Department- NYSDMV report of accident

Complete MV104 – NYS report of accident

DR: _____ CL: _____

FA: _____ FA/OB: _____

DISP: _____

Reason for vehicle use: _____

Accident occurred at or near:_____

_____

Describe damage briefly: _____

_____

_____

Give a brief but complete account of how accident or damage occurred: _____

_____

_____

_____

_____

Signature of Crew Leader #

_____

Signature of Driver #

Make 7 copies

Origional to President; Chief, 1st Deputy, 2nd Deputy, 3rd Deputy, Day Captain; Secretary; Insurance Committee; Driver Training Chair

H.C.F.A.S. From No. 135 Rev. 7/21/22