

InGen Vehicle Condition Report

| VEHICLE INFORMATION | |
|----------------------------------|---------------|
| Make: _____ | Model: _____ |
| Year: _____ | Type: _____ |
| Odometer Reading: _____ miles/km | Serial: _____ |

DAMAGE INFORMATION

Date of Damage: _____

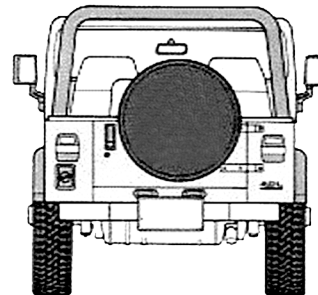
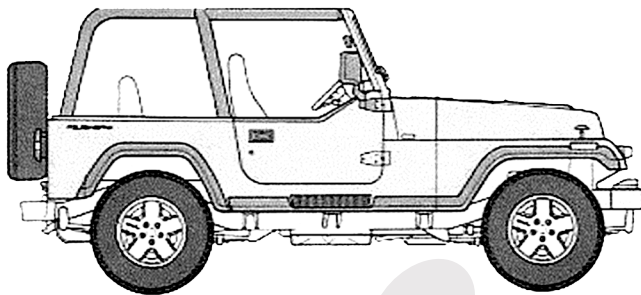
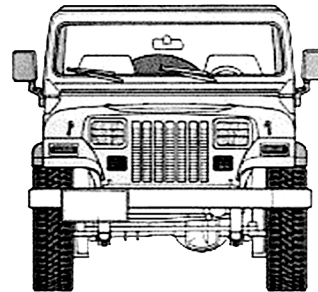
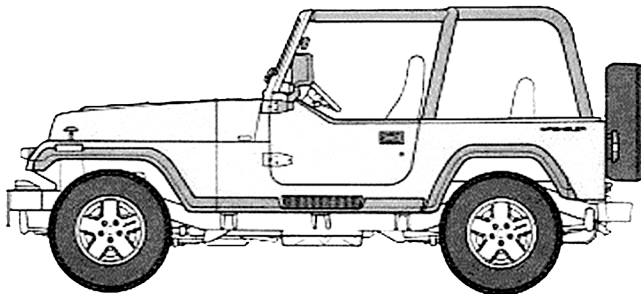
Location: _____

Coordinates: _____

CONDITION OF VEHICLE

Indicate damage to the vehicle on the diagram below. Use the following legend.

- | | | | | | |
|-------------|-------------|-------------|--------------|-------------|--------------|
| Bent - B | Broken - BR | Chip - CH | Cracked - CR | Dented - D | Stained - ST |
| Pitted - PT | Rusty - R | Rubbed - RU | Scratch - S | Missing - M | Torn - T |



Describe how the damage occurred: _____

If caused by an animal, which animal (please be specific): _____

Employee

Date

Employee Supervisor

Date

Note: Per Fleet Regulations 23 Section B, this form shall be filed within 24 hours of damage