

INSTRUCTIONS

In the event of an accident or mechanical failure which leaves the vehicle in a condition so that it cannot be operated safely to its destination, operator will complete this form.

The operator is authorized to incur necessary repair expenses up to the amount specified in the Bill of Lading instruction or as specified by company policy. Repair costs exceeding those authorized must be approved by the transportation office shown in Item 8 prior to start of repair.

When possible, items of warranty should be repaired by the manufacturer's authorized dealer. Warranty notification is located on the dashboard of each vehicle.

In the event operator is required to leave vehicle at repair facility, he/she must execute and sign this form and place it in the glove compartment of the vehicle. The last copy (*Copy 4*) may be retained by operator.

ITEMS 1a and 1b - Enter type and make of vehicle, and vehicle registration number as shown on Bill of Lading or other shipping document. Normally, these documents are located in glove compartment or cab of each vehicle.

ITEMS 2a and 2b - Enter Bill of Lading Number and Freight Bill Number as shown on respective documents.

ITEM 3 - Enter highway number, distance to, and name of nearest city and state. If at a service station and/or other establishment, give name and telephone number of service station or establishment.

ITEM 4 - Enter speedometer reading at time of breakdown.

ITEM 5 - Enter exact date and time vehicle became inoperative.

ITEM 6 - Enter exact date and time vehicle is returned to operator for onward movement.

ITEM 7 - Indicate nature of damage(s) and/or describe in detail the technical evaluation of the trouble.

ITEM 8 - List both material and labor costs required to repair deficiencies. Estimated prices are acceptable when exact information is not available. (NOTE: Parts of items of equipment that do not have credit or exchange value must be turned in at destination and noted on the freight bill of delivery of vehicle.)

ITEM 9 - List other pertinent details that will clarify or assist in determining circumstances under which the damage or failure occurred. If a summons is issued (in connection with vehicle damage) by a duly authorized police officer, describe offense and location, and give police officer's name and badge number.

ITEMS 10a and 10b - Signature of operator and name of carrier sustaining damage or breakdown.

ITEMS 11a and 11b - Signature of operator and name of carrier accomplishing onward movement from repair facility.

CARRIER'S REPORT OF VEHICLE DAMAGE OR BREAKDOWN

1a. TYPE AND MAKE OF VEHICLE	1b. VEHICLE REGISTRATION NUMBER	2a. B/L NUMBER
		2b. FREIGHT BILL NUMBER
3. LOCATION OF ACCIDENT OR VEHICLE BREAKDOWN		4. SPEEDOMETER READING AT TIME OF ACCIDENT OR VEHICLE BREAKDOWN
5. DATE AND TIME OF ACCIDENT OR VEHICLE BREAKDOWN	6. DATE AND TIME VEHICLE RETURNED TO OPERATION	
7. DESCRIBE DAMAGE(S) AND/OR TROUBLE <i>(If additional space is required, explain under Remarks.)</i>		
8. COST OF REPAIRS		<i>NOTE: Approval of repair costs in excess of those authorized must be obtained from:</i>
MATERIAL		SHIPPING TRANSPORTATION OFFICE
LABOR		ADDRESS <i>(Include ZIP Code)</i>
TOTAL		TELEPHONE NUMBER
9. REMARKS		
10a. SIGNATURE OF OPERATOR	10b. NAME OF CARRIER	
11a. SIGNATURE OF OPERATOR	11b. NAME OF CARRIER	
12. To the best of my knowledge the above statements are true and correct. Visual inspection indicates repaired or replaced item(s) are new or serviceable.	SIGNATURE OF RECEIVING OFFICER	

CARRIER'S REPORT OF VEHICLE DAMAGE OR BREAKDOWN

1a. TYPE AND MAKE OF VEHICLE		1b. VEHICLE REGISTRATION NUMBER		2a. B/L NUMBER	
				2b. FREIGHT BILL NUMBER	
3. LOCATION OF ACCIDENT OR VEHICLE BREAKDOWN				4. SPEEDOMETER READING AT TIME OF ACCIDENT OR VEHICLE BREAKDOWN	
5. DATE AND TIME OF ACCIDENT OR VEHICLE BREAKDOWN			6. DATE AND TIME VEHICLE RETURNED TO OPERATION		
7. DESCRIBE DAMAGE(S) AND/OR TROUBLE <i>(If additional space is required, explain under Remarks.)</i>					
8. COST OF REPAIRS		<i>NOTE: Approval of repair costs in excess of those authorized must be obtained from:</i>			
MATERIAL		SHIPPING TRANSPORTATION OFFICE			
LABOR		ADDRESS <i>(Include ZIP Code)</i>		TELEPHONE NUMBER	
TOTAL					
9. REMARKS					
10a. SIGNATURE OF OPERATOR			10b. NAME OF CARRIER		
11a. SIGNATURE OF OPERATOR			11b. NAME OF CARRIER		
12. To the best of my knowledge the above statements are true and correct. Visual inspection indicates repaired or replaced item(s) are new or serviceable.			SIGNATURE OF RECEIVING OFFICER		

CARRIER'S REPORT OF VEHICLE DAMAGE OR BREAKDOWN

1a. TYPE AND MAKE OF VEHICLE	1b. VEHICLE REGISTRATION NUMBER	2a. B/L NUMBER
		2b. FREIGHT BILL NUMBER
3. LOCATION OF ACCIDENT OR VEHICLE BREAKDOWN		4. SPEEDOMETER READING AT TIME OF ACCIDENT OR VEHICLE BREAKDOWN
5. DATE AND TIME OF ACCIDENT OR VEHICLE BREAKDOWN	6. DATE AND TIME VEHICLE RETURNED TO OPERATION	
7. DESCRIBE DAMAGE(S) AND/OR TROUBLE <i>(If additional space is required, explain under Remarks.)</i>		
8. COST OF REPAIRS		<i>NOTE: Approval of repair costs in excess of those authorized must be obtained from:</i>
MATERIAL		SHIPPING TRANSPORTATION OFFICE
LABOR		ADDRESS <i>(Include ZIP Code)</i>
TOTAL		TELEPHONE NUMBER
9. REMARKS		
10a. SIGNATURE OF OPERATOR	10b. NAME OF CARRIER	
11a. SIGNATURE OF OPERATOR	11b. NAME OF CARRIER	
12. To the best of my knowledge the above statements are true and correct. Visual inspection indicates repaired or replaced item(s) are new or serviceable.	SIGNATURE OF RECEIVING OFFICER	

CARRIER'S REPORT OF VEHICLE DAMAGE OR BREAKDOWN

1a. TYPE AND MAKE OF VEHICLE		1b. VEHICLE REGISTRATION NUMBER		2a. B/L NUMBER	
				2b. FREIGHT BILL NUMBER	
3. LOCATION OF ACCIDENT OR VEHICLE BREAKDOWN				4. SPEEDOMETER READING AT TIME OF ACCIDENT OR VEHICLE BREAKDOWN	
5. DATE AND TIME OF ACCIDENT OR VEHICLE BREAKDOWN			6. DATE AND TIME VEHICLE RETURNED TO OPERATION		
7. DESCRIBE DAMAGE(S) AND/OR TROUBLE <i>(If additional space is required, explain under Remarks.)</i>					
8. COST OF REPAIRS		<i>NOTE: Approval of repair costs in excess of those authorized must be obtained from:</i>			
MATERIAL		SHIPPING TRANSPORTATION OFFICE			
LABOR		ADDRESS <i>(Include ZIP Code)</i>		TELEPHONE NUMBER	
TOTAL					
9. REMARKS					
10a. SIGNATURE OF OPERATOR			10b. NAME OF CARRIER		
11a. SIGNATURE OF OPERATOR			11b. NAME OF CARRIER		
12. To the best of my knowledge the above statements are true and correct. Visual inspection indicates repaired or replaced item(s) are new or serviceable.			SIGNATURE OF RECEIVING OFFICER		