

APPENDIX 2.8.1.4.1 EMERGENCY REPAIRS AND TOWING REPORT FORM

EMERGENCY REPAIRS and TOWING REPORT FORM

Vehicle Number _____ Mileage _____ Date _____ Time _____

Name of Vehicle Driver _____

Tow Information

Towing

Company _____

Address _____

City, State, Zip _____

Telephone

Number _____

Location Towed

Address _____

City, State, Zip _____

Telephone

Number _____

Reason for Tow _____

Cost of Tow* _____

Repair Information

Repair Shop _____

Address _____

City, State, Zip _____

Telephone

Number _____

Type of Repairs _____

Cost of Repairs* _____

Name of Driver Authorizing Repairs or Towing _____

Signature of Driver Authorizing Repairs or Towing _____

*All invoices should be attached to this form