



Brooklyn Police Department
 7619 Memphis Avenue Brooklyn, Ohio 44144
 216.749.1234 Emergency / 216.749.2168 Facsimile
www.brooklynohio.gov

Late Vehicle Damage Report

File #: _____ Today's Date: _____

Name: _____ Address: _____

City: _____ State: _____ Telephone #: _____

Location/Address of Incident: _____

Date of Incident: _____ Approximate Time of Incident: _____

(Please fill in below the applicable blanks accordingly)

Vehicle Information: _____ (Vehicle Make) _____ (Vehicle Model) _____ (State) _____ (Color)

_____ (Vehicle Plate Number) _____ (Vehicle Identification Number) _____ (Insurance Company Name)

_____ (List any and all items damaged) \$ _____ (Value of Damaged Item/s)

Describe how damage occurred: _____

_____ (Your Signature) _____ (Today's Date) _____ (Intake Officer's Signature)