OM139

Lothian

ANTISOCIAL AND VANDALISM REPORT

Please complete in BLOCK capitals throughout

To be completed by a Supervisor

CCTV requested	YES / NO
Inputted into EPM	YES / NO
Pictures taken	YES / NO
Recorded in FACT	YES / NO
Engineers aware	YES / NO

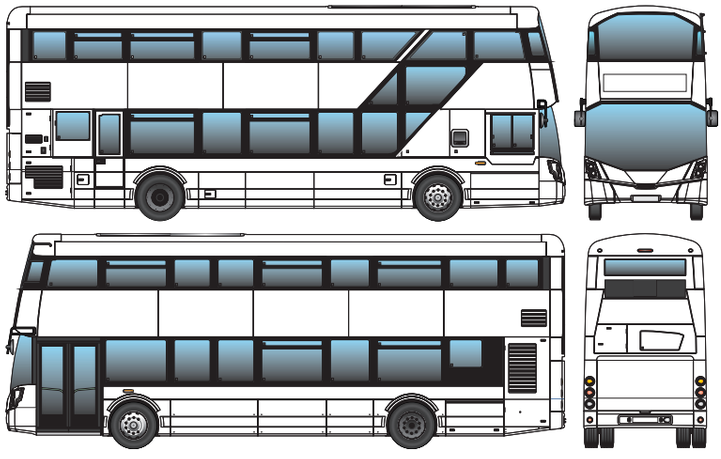
DETAILS

Driver:			Payroll No.:		Garage:
Date of Incident:	Time:	Location:		Fleet No:	Reg No:
Service/Block No:	Police contacted? YES / NO (circle)	Police Ref:	MUDFA YES / NO *(circle)*	Antisocial / Vandalism *(circle)*	Injuries YES / NO

WITNESSES OR INJURED PARTIES

Name	1.	2.	3.
Address			
Telephone number (if known)			

PLEASE MARK ON DIAGRAMS BELOW ANY DAMAGE CAUSED



DETAILED INCIDENT DESCRIPTION including any injuries sustained *(continue on reverse of form if required)*

Signed - Driver	Date
Signed - Supervisor	Date

DETAILED INCIDENT DESCRIPTION including any injuries sustained *(continued)*