

# ACCIDENTS



**pennsylvania**  
DEPARTMENT OF GENERAL SERVICES  
BUREAU OF VEHICLE MANAGEMENT

## ***NOTE TO DRIVERS:***

*Please complete the information below and provide to the vendor to be included when they fax estimate for repair.*

**\*\*\*\*PRIOR TO ANY WORK BEING DONE\*\*\*\***

**Please fax cover sheet and estimate to our  
Claims Division @ 717-265-7781**

UNIT#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Accident#: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Location: \_\_\_\_\_