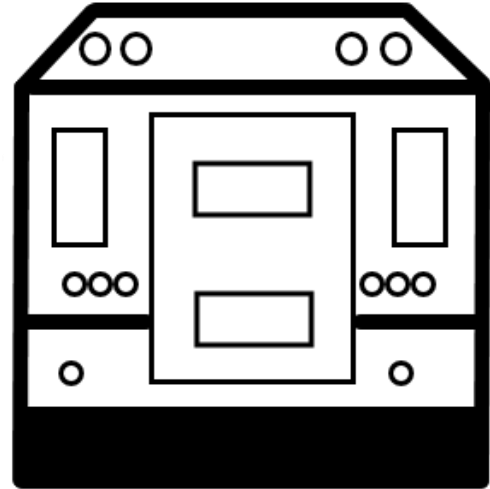
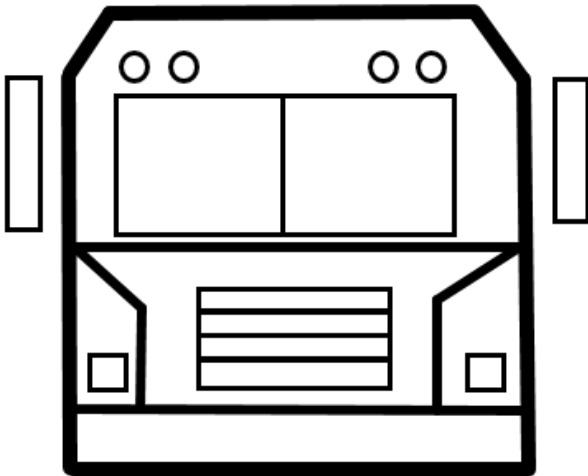
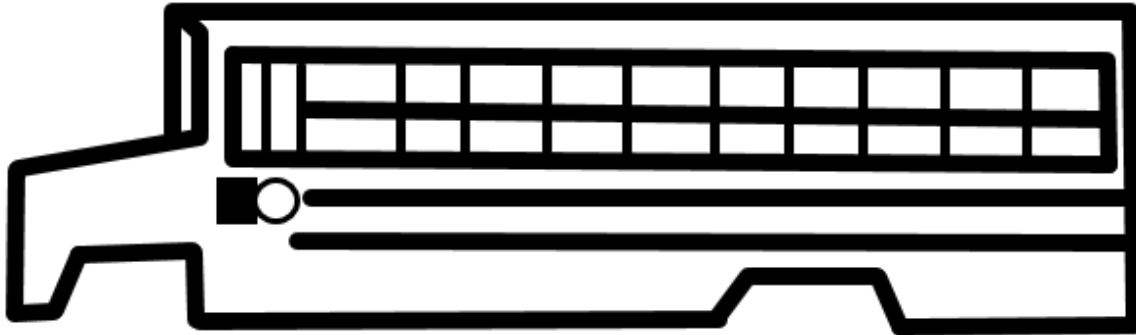
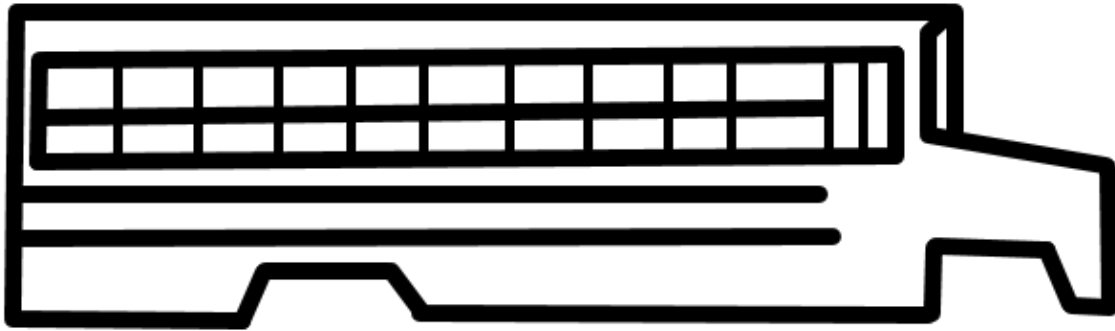


Incident Report / Body Damage Record Hall County Schools

Driver: _____ Bus #: _____ Date: _____

Circle all that apply: Scratch Bend Dent Crack

Notes: _____



Repair/Replace Cost: _____ AR: _____ DS: _____