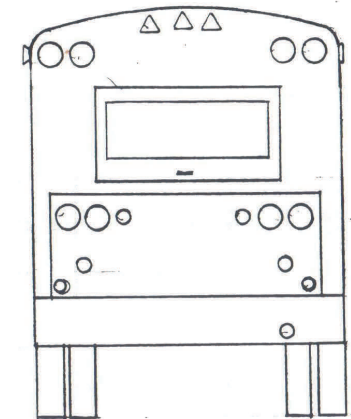
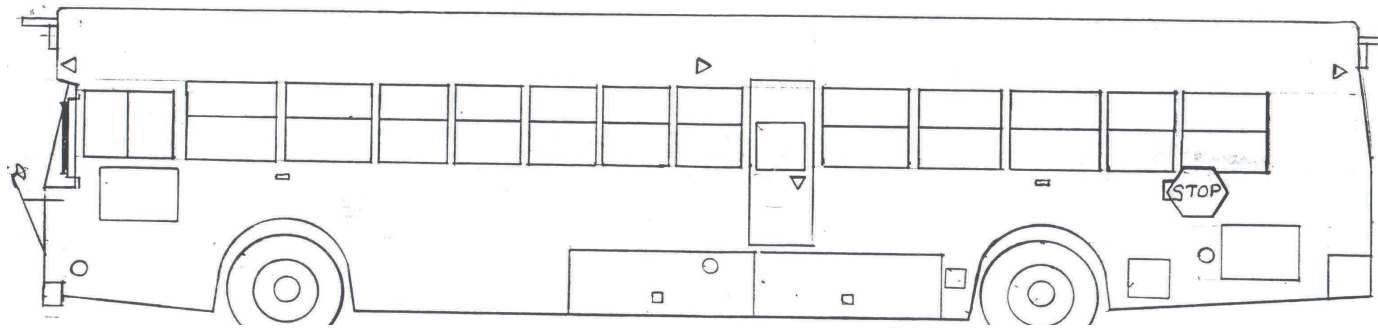
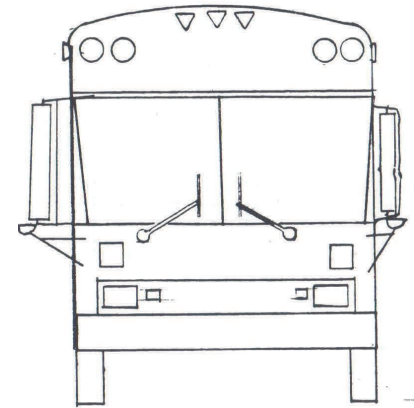
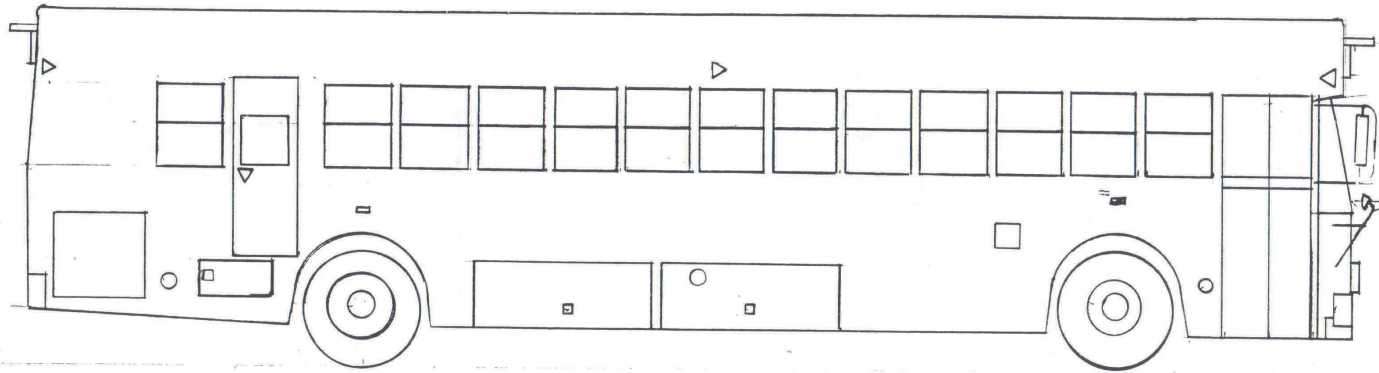


# TRANSIT BUS

## Vehicle Inspection (Damage Report)



Date: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Vehicle # \_\_\_\_\_

Comments:

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