CUSTOMER INCIDENT REPORT

CLAIM TYPE	COLLISION ☐	THEFT OR PERSONAL INJURY ☐	THEFT OF PART OF CAR ☐	BODILY INJURY ☐

CLAIMANT

NAME:		HOME PHONE: ( ) -
ADDRESS:		WORK PHONE: ( ) - Ext.
CITY:	STATE:	ZIP CODE:

TIME AND PLACE

LOCATION NO.:	LOCATION NAME:	LOCATION ADDRESS:
DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION CITY ST ZIP:

TICKET NO#	TICKET COLOR:	DATE ENTERED:	TIME ENTERED:	DATE EXITED:	TIME EXITED:

TYPE OF FACILITY	COMBINATION OF SELF & VALET ☐	SELF PARK ☐	VALET/ATTENDED ☐

IF VALET OR ATTENDANT PARKED VEHICLE	NAME OF VALET IN:		NAME OF VALET OUT:	

VEHICLE INFO

OWNER OF AUTO:		VEHICLE MAKE:	VEHICLE MODEL:
OWNERS ADDRESS:		VEHICLE YEAR:	VEHICLE COLOR:
CITY:	STATE: ZIP:	LICENSE PLATE #:	ESTIMATE AMT. OF LOSS:

WHEN INCIDENT OCCURRED HAD CAR BEEN TURNED OVER TO US?	Y ☐	N ☐	HAD CAR BEEN RETURNED TO CLAIMANT?	Y ☐	N ☐
WAS CLAIM REPORTED PRIOR TO VEHICLE LEAVING THE FACILITY?	Y ☐	N ☐	IF NOT REPORTED, WHY?		

INCIDENT DESCRIPTION (MGR Please Describe Incident)

List Damages- Attach photo if available

(PRINT)

Customer Signature: _____ Date: _____

Manager's Name: _____ Phone: _____ Date: _____

WHERE WAS VEHICLE DAMAGED?	FRONT	Y ☐	N ☐	REAR	Y ☐	N ☐	TOP	Y ☐	N ☐	DRIVE SIDE	Y ☐	N ☐	PASS SIDE	Y ☐	N ☐
WERE STOLEN ITEMS ATTACHED TO AUTO?	Y ☐	N ☐	IF NOT, WHERE WERE ITEMS STOLEN FROM?		FRONT SEAT	Y ☐	N ☐	BACK SEAT	Y ☐	N ☐	TRUNK		Y ☐	N ☐
WAS A POLICE REPORT FILED?	Y ☐	N ☐	DATE OF REPORT		PRECINCT										

WITNESS INFO	NAME:	ADDRESS:	CITY, STATE, ZIP	PHONE:

DISPOSITION:

If Auto Damage, Indicate Damaged Area With An "X".

FRONT   REAR   TOP   Driver Side   Passanger Side
4-DOOR VEHICLE

SR MGR SIGNATURE:	SR MGR PHONE: