FACILITY MANAGER INVESTIGATION OF INCIDENT

Information requested on this form must be accurate and complete. Each Incident, whether serious or minor, should be investigated to prevent recurrence. Record or take notes of your interviews with the injured and witnesses. Visit the scene of the Incident to record all factual observations.

PCA INCIDENT #

Facility Manager Name

DATE OF INCIDENT

TIME OF INCIDENT

PCA LOCATION

LOT--ROW--SPACE

NUMBER OF WITNESSES:

WITNESS NO. 1

Witness Name

Address

City/State/Zip Code

Phone #

Passenger

WITNESS NO. 2

Witness Name

Address

City/State/Zip Code

Phone #

Passenger

 # OF PERSONS INVOLVED (OTHER DRIVERS, CASHIERS, PASSENGERS, PEDESTRIANS, ETC.):

Name

Phone | Roll in Incident

Describe Damage/Injury

Name

Phone | Roll in Incident

Describe Damage/Injury

DRIVERS NAME

DATE OF HIRE

DRIVER SENT FOR DRUG TEST? ☐ YES ☐ NO

*If no, Manager needs to forward a separate explanation to the insurance Department to document reason no test was ordered.

DRIVERS NAME

DATE OF HIRE

DRIVER SENT FOR DRUG TEST? ☐ YES ☐ NO

*If no, Manager needs to forward a separate explanation to the insurance Department to document reason no test was ordered.

HOW DID THE INCIDENT OCCUR, WHAT HAPPENED?

HOW WAS THIS INCIDENT HANDLED WITH THE CUSTOMER?

Manager Recommendation
Check One

- ☐ Denial - Send Letter
- ☐ Denial - NO Letter
- ☐ Pay as Customer Service
- ☐ Process
- ☐ Report Only

ESTIMATED AMOUNT OF DAMAGE:		
PCA VEHICLE (> $2,500)	☐ YES	☐ NO
PCA PROPERTY (> $10,000)	☐ YES	☐ NO
CUSTOMER VEHICLE (> $500)	☐ YES	☐ NO

Manager's Signature _____ **Date** _____