

Check list for Incident Reports

Incident Information:

DOI

PCA Vehicle #

Other Vehicle

Customer Name

Claim Information

Claim ☐

Report Only ☐

| | Need | Received |
|------------------------------|--------------------------|--------------------------|
| Cashier Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| Continental Security Reports | <input type="checkbox"/> | <input type="checkbox"/> |
| Customer Estimate | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver's Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| Estimate | <input type="checkbox"/> | <input type="checkbox"/> |
| Invoice | <input type="checkbox"/> | <input type="checkbox"/> |
| Key Control Log | <input type="checkbox"/> | <input type="checkbox"/> |
| Log Sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| Manager Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| Pete Wesley Investigation | <input type="checkbox"/> | <input type="checkbox"/> |
| Pictures | <input type="checkbox"/> | <input type="checkbox"/> |
| Witness Statements | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver MVR | <input type="checkbox"/> | <input type="checkbox"/> |
| Police Report | <input type="checkbox"/> | <input type="checkbox"/> |

Comments/Pending:
